

Beyond Healing Counseling and Wellness

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0. HIPPA Signed Consent Form

Beyond Healing Counseling Center. Healing the Mind, Body, & Spirit.

Notice of Privacy Practice

Receipt & Acknowledgment of Notice

By checking this box, I hereby acknowledge that I have received and have been given an opportunity to read a copy of Beyond Healing Counseling Center's Notice of Privacy Practices. I understand that if I have any questions regarding the notice or my privacy rights, I can contact the office.

Signature: