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**CONSENT TO TREATMENT**

I have received and read the Statement of Services/Notice of Privacy Practices attached (this is a copy for your records).  
If I use insurance, I am aware that required communications with your insurance company as they request.

I agree to these conditions and I consent to treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian for those under 18 years of age

\_\_\_\_\_  
Date