

Twomey Speech & Language Services
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Diagnostic and Speech-Language Therapy Services

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Privacy Practices Notice Acknowledgement

By signing below, I acknowledge that I have received and reviewed the accompanying Notice of Privacy Practices and my questions have been answered to my satisfaction.

Name of Client (printed)

Signature of Client (if over 18)

Name of Parent / Legal Guardian
(Printed)

Signature of Parent / Legal Guardian
(If client is under age 18)

Relationship to Client

Date Signed