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Digital Media Policy

I, _____, have received and reviewed a copy of the Digital Media Policy. Your signature below indicates that you have read and understand the Digital Media Policy, and that any questions you may have were answered to your satisfaction. Further, your signature indicates your agreement with the terms of the Digital Media Policy.

Client's Signature

Date

Client's Printed Name

Jason A. Johnson, PsyD
Clinical Psychologist

Date

Notice of Privacy Practices

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