

Licensed Marriage and Family Therapist

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ACKNOWLEDGEMENT FORM

I have read and understand the Office Policies and Agreement Form, and acknowledge receipt of this form. I understand that I have ongoing access to this form online at www.tracykuharcounseling.com/client-forms

I understand that Tracy A. Kuhar, M.A., C.M., LMFT is a licensed marriage and family therapist (LMFT86915) in the State of California.

TYPED OR PRINTED CLIENT NAME AND DATE ▼

Date ►

X _____
Handwritten signature (X) ▲

TYPED OR PRINTED WITNESS NAME AND DATE ▼

Date ►

X _____
Handwritten signature (X) ▲
