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Notice of Policies and Practices Regarding Insured vs. Uninsured Charges

ACKNOWLEDGMENT

By signing below, I acknowledge that I have received a copy of the **Notice of Insured vs. Uninsured Charges** last updated **August 2009**. I also acknowledge that I have been given the opportunity to ask questions and have full clarification about these policies and practices.

Client Signature

Date

Parent/Guardian Signature

Date