The Couple's Workshop
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I have read and understand the Informed Consent for Services document provided to me. I have had the opportunity to ask questions about the document.	
By my signature below I,have been offered a copy of the Informed Consent for	, acknowledge that I have reviewed and or Services for The Couple's Workshop.
Client	Date
Parent/Guardian (if client is a minor)	Date
Clinician (Witness)	 Date