

**Renée Flam, LCSW, ACSW**

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**Acknowledgement of Receipt of Notice of Privacy**

I, \_\_\_\_\_ have received a copy of  
Print Full Client Name

Renee Flam, LCSW, ACSW's Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Psychotherapist-Client Agreement**

I, \_\_\_\_\_ agree to abide by the terms of  
Print Full Client Name

The Psychotherapist-Client Services Agreement during our professional relationship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date