

Adoption & Attachment Therapy Partners, LLC

Arieta James, LPCC
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Helping adoptive parents forge strong connections among all family members via adoption-attachment-trauma informed therapies.

Financial Agreement

Date _____

I, _____ (recipient) or _____ (parent, legal guardian, or custodian of minor) am aware that services provided for _____ in this office will not be billed to Medicaid, and I agree to be liable for the fee for service.

Signature _____

If other than parent:

Title _____

Agency _____

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