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BRANCH OFFICE: 1800 Martin Luther King Pkwy, Ste 200, Durham, NC 27707

BBS NOTICE TO CLIENTS

| Client Name | | | | Date | | | |
|---|-----------------------|-------------------|------------------------|-------------------------------------|--------|----------------------------|----|
| Counselor Name | | | | Counselor License Registration # | e or | | ļ |
| ACKNOWLEDGEMENT OF NOTICE | | | | | | | |
| Regarding comp | laints of Licensed or | Registered coun: | selor. | | | | |
| The Board of Be | havioral Sciences re | ceives and respor | nds to complaints rega | arding service | es pr | rovided within the scope o | ıf |
| practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional | | | | | | | |
| clinical counselors). You may contact the board online at <u>www.bbs.ca.gov</u> , or by calling (916) 574-7830. | | | | | | | |
| I(Client Name) | | _, acknowledge t | he above information | was provide | n ot b | me. | |
| Client Signature | | Date | Client Name (F | Print Name) | | | |
| | | | | | | | |
| Parent / Guardia | n Signature | Date | | | | | |