243 N. Broad Street, Milford, CT 06460
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| AGREEMENT NOT TO RECORDCOUNSELING, CO-PARENTING, or REUNIFICATION SESSIONS or SUPERVISED/OBSERVED VISITATIONSI, the undersigned, agree that I will not record either in audio or video form any sessions or visitations in which I take part with Michael Crane MA, LPC of Broadview Counseling and Assessment LLC. I further understand that should I violate this agreement, the session or visit will be immediately terminated, and I may jeopardize any further work with Broadview Counseling and Assessment LLC. Signature DatePrinted name |
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