

## ACKNOWLEDGEMENT OF PSYCHOTHERAPY AGREEMENT

I acknowledge that I have read and understood the attached Psychotherapy Agreement provided by Anodyne Relational Therapy, LLC. I agree to abide by the terms set forth in that document.

\_\_\_\_\_  
Client 1 – Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client 2 – Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Michael M. Thomas, MS, LAMFT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date