



**AARON SHAFFER, M.A., ASSOCIATE LICENSED COUNSELOR  
UNDER THE SUPERVISION OF KATHY TROYANEK, L.P.C, S.C.  
915 WILLOWBROOK DR., SUITE B  
HUNTSVILLE, AL 35802  
(256) 714-9191**

### **Confirmation Form**

This is to confirm that I have received, read, or been offered to read a copy of the Notice of Therapist's Policies and Practices to Protect the Privacy of you Patient's Health Information and the Therapist-Client Services Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date