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Professional Disclosure Statement

Name: Title:

Rania Haynes, MA, LPCC-S, CCLS Business Owner, Clinical Therapist

License# E.1600071-SUPV

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Carrie Walland Clinical Therapist, under the supervision of Rania Haynes

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Kayla Smith Clinical Therapist

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Rachel Plikerd Clinical Therapist, under the supervision of Rania Haynes

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To report any QUESTIONS OR concerns, contact:

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