

Acknowledgment of Notifications

I acknowledge the receipt of both Dr. Allard's Office Policies and Agreement for Psychotherapy Services, and Dr. Allard's Social Media Policy and I understand and agree to comply with these policies. I understand that I may always request a hard copy from Dr. Allard, if needed.

I understand that Kathy Allard, Ph.D., is a licensed psychologist (PSY16184) In the state of California.

Signature Date

Signature Date

I also acknowledge the receipt of the HIPAA Notice of Privacy Practices for my review. I understand that I may always request a copy of the HIPPA form from Dr. Allard, if needed.

Signature Date

Signature Date