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**Acknowledgement of Notifications**

I acknowledge the receipt of both Dr. Valdivia’s office policies and the *Patient Agreement Form* for Psychotherapy Services and I understand and agree to comply with these policies. I understand that these policies will always be available to me on Dr. Valdivia’s website but that I may always request a hard copy if I am unable to access them. I understand that William Valdivia-Mairesse, Psy.D, is a licensed psychologist (PSY 24368) In the state of California.

I also acknowledge the receipt of the *HIPAA Notice of Privacy Practices* for my review. I understand that the HIPAA form will remain available on Dr. Valdivia’s website but that I may always request a hard copy if I am unable to access it.

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Signature (Client 1) Date

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Signature (Client 2) Date

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Signature (Client 3) Date