William Valdivia-Mairesse, Psy.D.

Licensed Clinical Psychologist, Ca Lic# Psy 24368

12400 Wilshire Blvd. Ste. 230, Los Angeles, Ca 90025

 (p) 424-229-1838 (f) 310-399-9358

www.healthypsychotherapy.com

**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.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Client 1) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Client 2) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Client 3) Date