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**Acknowledgement of Notifications**

I acknowledge the receipt of Dr. Bisignano’s Office Policies and Agreement for Psychotherapy Services and Dr. Bisignano’s Social Media Policy, I understand and agree to comply with these policies. I understand that Angela Bisignano, Ph.D., is a licensed psychologist (PSY 26894) in the state of California.

I also acknowledge the receipt of the HIPAA Notice of Privacy Practices for my review.

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Signature (Client 1) \_\_\_\_\_  
Date

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Signature (Client 2) \_\_\_\_\_  
Date

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Signature (Client 3) \_\_\_\_\_  
Date