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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 understand that these policies will always be available to me on Dr. Bisignano’s website, but that I may always request a hard copy if I am unable to access them.

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

Please note that I have a 48 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment in the week.

Signature (Client 1) _____ Date _____

Signature (Client 2) _____ Date _____