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Acknowledgement of Notifications

I acknowledge the receipt of Dr. Bisignano's Office Policies and Business Practices, Agreement for Psychotherapy Services, in office and/or via telehealth, and Dr. Bisignano's Social Media Policy, I understand and agree to comply with these policies. All of Dr. Bisignano's forms can be found on her website. 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.

Print Name

Signature (Client 1) or Parent / Guardian

Date

Print Name

Signature (Client 2)

Date