

Bert Epstein, Psy.D.

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Acknowledgment of Notifications

I acknowledge the receipt of the following documents from Dr. Epstein:

- Office Policies and Agreement for Psychotherapy Services
- Notice of Privacy Practices (HIPPA)
- Social Media Policy

I understand and agree to comply with these policies. I understand that these policies will always be available to me on Dr. Epstein's website but that I may always request a hard copy if I am unable to access them. I understand that Bert Epstein, Psy.D., is a licensed psychologist (PSY21404) in the state of California.

Print Name

Signature

Date

Print Name - Second Member of Couple (if seen for couples therapy)

Signature

Date

Print Name – Parent/Guardian, if client is under 18

Signature

Date