

# 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
- Consent for Tele-health Sessions

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

\_\_\_\_\_  
Digital Signature (Type Name, DOB)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Digital Signature (Type name, DOB)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Digital Signature (Type name, DOB)

\_\_\_\_\_  
Date