



Rachel Robbins, Psy.D.
Licensed Clinical Psychologist
Lic. # Psy22646

Acknowledgments and Signatures

This form is an acknowledgement and recognition of policies and practices for Dr. Rachel Robbins.

Documentation Information

I acknowledge the receipt of the HIPAA policies and practices form, Informed Consent policy, and Social Media policy for Dr. Rachel Robbins.

I understand and agree to comply with these policies. I know that this information will always be available to me upon request in both hard copy and email formats.

Our agreed upon fee will be \$_____ based on a sliding scale or insurance policy rate.

Contact Information

Email and text messaging are both available methods of communicating with Dr. Robbins around scheduling and updates. Please note that email and text messaging are not secure and there is a risk that these messages could be read by a third party. Dr. Robbins will always aim to protect information, and to use updated and current methods of securing texting and email when available, however this is not a guarantee due to the nature of these services. If you consent to sending and receiving text messages and/or email, please mark the lines below.

___ I consent to receiving notifications and information via email. This information may include scheduling and appointment updates; health information including billing and invoices; completed forms containing confidential information; other documents as discussed and agreed upon.

___ I consent to receiving notifications via text message. This information would primarily involve communication around scheduling and appointments.

I understand that Rachel Robbins, Psy.D., is a licensed psychologist in the state of California.

Client Signature and Date

Signature

Date

Witness/therapist Signature and Date

Signature

Date