Acknowledgment of Notifications

I acknowledge the receipt of the HIPPA policies and practices form, Informed Consent policy, and Social Media policy for Dr. Madeleine F. Katz.

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 and soft copy formats.

I understand that Madeleine Katz, Psy.D., is a psychological assistant and is supervised by Dr. Rachel Robbins, licensed psychologist in the state of California.

Client Signature and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Witness/therapist Signature and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date