Acknowledgments and Signatures

This form is an acknowledgement and recognition of policies and practices for Viola Mejía, MA Registered Psychological Assistant, PSB94022598 employed and supervised by Rachel Robbins, Psy.D., PSY22646.

**Documentation Information**

I acknowledge the receipt of the HIPAA policies and practices form, Informed Consent policy, and Social Media policy for Viola Mejía.

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.

**Contact Information**

Email and text messaging are possible forms of communicating with Viola Mejía around scheduling and updates. Please note that email and text messaging is not secure and there is a risk that these messages could be read by a third party. Viola will always aim to protect information, and to use updated and current methods of securing email and text messaging 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 Viola Mejía, MA is a Registered Psychological Assistant, PSB94022598 supervised and employed by Rachel Robbins, Psy.D., Psy22646, a licensed psychologist in the state of California.

Client Signature & Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Therapist Signature & Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date