

## Acknowledgement of Notifications

I acknowledge the receipt of both Dr. Kolmes’s Office Policies and Agreement for Psychotherapy Services and Dr. Kolmes’s Social Media Policy and I understand and agree to comply with these policies. I understand that these policies will always be available to me on Dr. Kolmes’s website but that I may always request a hard copy if I am unable to access them.

I understand that Keely Kolmes, Psy.D., is a licensed psychologist (PSY21284) In the state of California.

I also acknowledge the receipt of the HIPAA Notice of Privacy Practices for my review. I understand that the HIPAA form will remain available on Dr. Kolmes’s website but that I may always request a hard copy if I am unable to access it.

\_\_\_\_\_  
Signature (Client 1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Client 2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Client 3)

\_\_\_\_\_  
Date