



Inclusivity Clinical Consulting Services

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Acknowledgement of Notifications

I acknowledge the receipt of both Inclusivity Clinical Consulting Service's (ICCS) Office Policies and Agreement for Psychotherapy Services and the 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 the ICCS website, and that I may always request a hard copy if I am unable to access them.

I understand that my ICCS provider is a licensed psychologist 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 the ICCS website, and that I may always request a hard copy if I am unable to access it.

Printed name (Client 1)

Signature

Date

Printed name (Client 2)

Signature

Date

Printed name (Client 3)

Signature

Date