

Acknowledgment of Notifications & Consent

Client Name:

I acknowledge receipt of Dr. Tilson's Office Policies and Notice of Privacy Practices. I have read, understand and agree to comply with these policies. I know that these documents are available to me on Dr. Tilson's website, and that I may request a hard copy at any time if I am unable to access them.

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

I consent to participate in this intake evaluation, treatment, and/or consultation. I understand that I may withdraw from treatment or consultation at any time.

Signature

Date