



Dr. Lacy Olson-Ayala

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Acknowledgment of Notifications

I acknowledge the receipt of Dr. Lacy Olson-Ayala's **Practice Policies and Procedures and Agreement for Psychotherapy Services**, and I understand and agree to comply with these policies. I understand that these policies will always be available to me on the www.DrOlsonAyala.com website, and that I may always request a hard copy via mail if I am unable to access them.

I understand that Dr. Lacy Olson-Ayala 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 www.DrOlsonAyala.com website, and that I may always request a hard copy via mail if I am unable to access it.

Printed Name

Signature

Date