

## Acknowledgement of Notifications and Agreement to Policies

I acknowledge the receipt of Ashley Eder, LPCC's

- **Electronic Records Disclosure** \_\_\_\_\_(Initials)
- **Office Policies and Therapy Contract** \_\_\_\_\_(Initials)
- **Online Therapy Informed Consent Form** \_\_\_\_\_(Initials)

and I understand and agree to comply with these policies. I acknowledge I have received a copy of these policies and understand that I may always request an additional copy if I need a replacement.

I understand that Ashley Eder, MA, LPCC, is a Licensed Professional Clinical Counselor (LPCC #2585) in the state of California, which is regulated by the Board of Behavioral Services (BBS).

I also acknowledge the receipt of the **HIPAA Notice of Privacy Practices** for my review. I received a copy of the HIPAA form and understand that I may request an additional copy if I need a replacement.

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Signature

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Date