

NICOLE RIDOUT, PSY.D.

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ACKNOWLEDGEMENT OF NOTIFICATIONS

I acknowledge the receipt of Dr. Ridout's Office Policies & Agreement for Psychotherapy Services, Social Media Policy, and Notice of Privacy Practices. I have read, understand, and agree to comply with these policies. I know that I may request a hard copy of these policies at any time.

I understand that Nicole Ridout, Psy.D., is a licensed psychologist (PSY 26431) 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