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Acknowledgment of Notifications

I acknowledge the receipt of both Heidi F. Yoder, MFT's Informed Consent and 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 Heidi F. Yoder, MFT's website but that I may always request a hard copy if I am unable to access them.

Signature

Date

Signature

Date

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 Heidi F. Yoder, MFT's website but that I may always request a hard copy if I am unable to access it.

Signature

Date

Signature

Date
