

Katharine C. Townsend, Ph.D.
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Acknowledgment of Notifications

I acknowledge the receipt of Dr. Townsend’s Office Policies and Agreement for Psychotherapy Services, Social Media Policy, and Telehealth Policy, and I understand and agree to comply with these policies. I understand that these policies will always be available to me on Dr. Townsend’s website but that I may always request a hard copy if I am unable to access them.

I understand that Katharine C. Townsend, Ph.D. is a licensed psychologist (#8443) in the state of Massachusetts.

Print Name	Signature	Date
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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 Dr. Townsend’s website but that I may always request a hard copy if I am unable to access it.

Print Name	Signature	Date
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