N. Rebecca Fineman, Ph.D. 883 N Shoreline Blvd Suite C 120 Mountain View CA 94043 650 694 4678 CA #PSY 14737

ACKNOWLEDGEMENT

| I, | _, acknowledge that I have received a | a copy of |
|--|---------------------------------------|-----------|
| N. Rebecca Fineman, Ph.D.'s Notice Reg | | |
| | | |
| | | |
| Datient Name | | |
| Patient Name | | |
| | | |
| Signature | | |
| | | |
| Relationship to Patient | | _ |
| Dota | | |