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PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT

Welcome to my practice. The attached document (Florida Notice Form: Notice of Policies & Practices to Protect the Privacy of Your Health Information) contains important information about my professional services and business practices. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information before the end of your first therapy session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time.

Your signature below serves as an acknowledgement that you have received the HIPAA Privacy Notice and the HIPAA Policies and Procedures:

Signature: _____ Dated: _____

Your signature below indicates that you have read this Agreement prior to the completion of your first session:

Signature: _____ Dated: _____

After signing, please detach and give to Dr. Scalf-McIver at your first visit.