Tonya Mestemaker, Psy.D.
Licensed Clinical Psychologist
8587 Mason-Montgomery Rd., Suite 9
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NOTICE OF PRIVACY PRACTICES
AND
OUTPATIENT CONTRACT/AGREEMENT

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

AND

THIS NOTICE DESCRIBES IMPORTANT INFORMATION ABOUT OUR PROFESSIONAL SERVICES AND BUSINESS POLICIES. PLEASE REVIEW IT CAREFULLY.

I have received the attached notice of privacy practices and service agreement.

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Signature of Client (age 12 and older) Date

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Print Name of Client Date

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Signature of Parent/Legal Guardian/Legal Representative Date

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Witness Date