

Michael R. LaValle, Ph.D.

ACKNOWLEDGEMENT OF NOTIFICATIONS

I acknowledge the receipt of both Dr. LaValle’s Office Policies and Agreement for Psychotherapy Services and Dr. LaValle’s 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 Dr. LaValle’s website, but that I may always request a hard copy if I am unable to access them.

I understand that Michael LaValle, Ph.D. is a licensed psychologist (2-3462) in the state of Texas.

Signature Date

Signature Date

I also acknowledge the receipt of the HIPAA Notice of Privacy Practices for my review. I understand that the HIPPA form will remain available on Dr.LaValle’s website, but that I may always request a hard copy if I am unable to access it.

Signature Date

Signature Date