

# Wellness Solutions, LLC

Live Mindful. Feel Better.

## **ACKNOWLEDGMENT OF RIGHTS AND DISCLOSURES**

THE CLIENT IS STRONGLY ENCOURAGED AND RECOMMENDED TO READ THIS INFORMATION THOROUGHLY, THOUGHTFULLY, AND CRITICALLY. THIS IS VERY IMPORTANT INFORMATION ABOUT YOUR CARE. WHEN YOU SIGN THIS ACKNOWLEDGMENT OF RIGHTS AND DISCLOSURES YOU ARE RESPONSIBLE FOR KNOWING AND UNDERSTANDING THE CONTENTS. THIS INFORMATION IS BEING PROVIDED TO HELP YOU BE AN INFORMED CONSUMER AND CLIENT.

THIS DISCLOSURE SPECIFICALLY GOVERNS THE FOLLOWING TOPICS, ANY OF WHICH SHOULD YOU HAVE QUESTIONS YOU ARE URGED TO ASK:

- 1. INFORMED CONSENT FOR OUTPATIENT PSYCHOTHERAPY**
- 2. NOTICE OF LIMITATIONS OF CONFIDENTIALITY**
- 3. NOTICE OF BILLING PRACTICES AND POLICIES**
- 4. NOTICE OF CLIENT FINANCIAL RESPONSIBILITIES**
- 5. PERMISSION TO TREAT FOR OUTPATIENT PSYCHOTHERAPY**

For the purposes of this document the term "**provider**" includes any and/or all the following: Danielle C. Ellis, MA, MCJ, LPC-S, NCC, as well as, Administrative, Clinical and Non-Clinical Sub-Contractors, all Employees of Wellness Solutions, LLC, & Therapists Under Supervision for Licensure by Danielle C. Ellis, MA, MCJ, LPC-S, NCC unless stated otherwise.

1. **Services Provided:** Outpatient psychotherapy for mental health, substance abuse, eating disorders, self-injury, and problems of everyday living for individuals, couples, and families who are 13 years of age and older.
2. **Excluded Services:** Excluded conditions, diagnosis, or client circumstances are as follows but not limited to the following: Clients who are in a domestic violence situation, as a victim or perpetrator, anger management or impulse control disorders, clients who have a history of or are currently seeking treatment for sexual compulsion, sexual dysfunction, sexual addiction, or compulsive gambling. Additional Excluded services include: Consultation, evaluation, or counseling for individuals in regards to child custody of any nature, home assessment, or evaluations for custody or making recommendations for child custody, psychological testing services, neurological testing, fitness for duty evaluations for law

enforcement or military, substance abuse professional evaluations, social services evaluations, CPS evaluations, or wrap around services for community based supports, Social Security evaluations, dementia evaluations or assessment, issues specifically related to developmental, learning disabilities, or early childhood problems or concerns for mental retardation. It is not within the scope of my education, training, expertise, or licensure to provide medication management and I do not have prescriptive medication privileges. Any additional excluded services will be disclosed upon initial client contact with Wellness Solutions, LLC Administrative personnel or in the first session with a therapist whereupon a proper referral will be provided to best suit the client's needs.

3. **Professional Therapeutic Service Exclusions:** Psychotherapy does not include providing “advice,” for example, “*telling a client what to do,*” or “*solving a client's problems for them*”. To respect and give autonomy to a client it is not appropriate for a psychotherapist to engage in activities where the therapist’s values are imposed on one’s clients through influence, implication, or force.
4. **Education, Licensure, and Credentials:** Danielle C. Ellis, MA, MCJ, LPC-S, NCC has a BA in Psychology, MA in Professional Counseling Psychology, and a MA in Criminal Justice Administration. Mrs. Ellis is a Licensed Professional Counselor (LPC) in the State of Texas (License Number 63315) and is a board approved license supervisor for therapists under supervision for licensure. Additionally, she is also a National Certified Counselor (NCC) by the National Board of Certified Counselors. Mrs. Ellis is the Clinical Administrator for Wellness Solutions, LLC. For additional information on Mrs. Ellis’ education, experience, licensure, and work history please see the Wellness Solutions, LLC website ([WWW.WellnessSolutionsLLC.COM](http://WWW.WellnessSolutionsLLC.COM)), or LinkedIn page, or request said information from her. The provider commits that any and all clinical staff providing direct care to clients meet or exceed the minimum requirements by law in the State of Texas. Danielle C. Ellis, Wellness Solutions, LLC, the employees, license supervisees, or subcontractors of Wellness Solutions, LLC, are in private practice and as such are not affiliated with any other treatment facility, private practice, or group practice. Wellness Solutions, LLC, shares office space with other outpatient providers who have separate practices. The provider does not accept any responsibility or liability for any other practice or group.
5. **Procedures for Scheduling or Canceling Appointments:** In order to schedule an appointment clients should contact Melissa M. at 713-402-8576 and speak directly with her. If you reach her voicemail then please leave detailed contact information so she can return your call. Melissa will need important information from you and if appropriate the client’s guardians. The information she requires includes: Name of Client and Client’s Parents (If client is a minor), Address, Phone Number, Date of Birth, Insurance Company, Insurance ID and Group Number, the Name of the Subscriber, the Date of Birth of the Subscriber, the Address of the Subscriber, and the Reason for the Appointment. Based on the Information Provided, Melissa may request follow up information. For all subsequent appointments Melissa can be reached at 713-402-8576 via phone, text or by email at [melissa@WellnessSolutionsLLC.com](mailto:melissa@WellnessSolutionsLLC.com) and the client or the client’s guardian can request additional appointments. It is recommended that the individual responsible for scheduling appointments for the client set a “standing appointment” for a consistent day and time for

structure and ease. This is especially recommended for clients who are requesting evening appointments as these appointments are more in demand. Most clients begin at a weekly frequency, and as clients progress, the clients are reduced to every other week for general maintenance, and clients who are stable but request “tune-up” sessions are put on a monthly or as needed basis. Clients who are in severe distress may be treated twice per week temporarily for stabilization. Clients may contact Melissa via text, email, or phone to cancel appointments without incurring fees provided 24 hour notice from the time of the scheduled appointment is provided. If a client has a medical or personal emergency the provider will take that into consideration and be reasonable when assessing if fees for a cancelled or no show appointment is appropriate. In the event a client has a cancellation or no show fee waived they will not have any other no show or cancellation without 24 hour notice fee waived for any additional reasons. Clients get a one-time waiver as deemed appropriate by the provider only. Clients are requested to inform the provider if they choose to self-discharge in order to allow the provider to give the client appropriate discharge summary information.

6. **Appointment Timeliness, Missed or Canceled Appointment Policy:** Individual, family, and couples sessions are 45 minutes in duration. Sessions begin at the top of the hour and end at a quarter 'til the next hour. Clients who are 15 minutes or more late to the session are considered no shows even if they call to state they are running late. Clients who no show, cancel without 24 hours notice, or are 15 minutes or more late are still responsible for the FULL fee to their session. Clients will be responsible for payment of missed appointments. Clients who cancel, no show, or are 15 minutes (or more) late 2 times during the course of treatment may be asked not to return and be discharged for non-compliance. Scheduled appointment times are reserved for specific individual clients and the client is financially responsible for the time they reserve even if they choose or through circumstances do not use the time they have scheduled. If a client presents for an appointment at the incorrect scheduled appointment time and misses their assigned time than this is considered a missed appointment. *This is a matter of personal responsibility for the client to take ownership of their treatment and demonstrate good faith in their treatment plan.*
7. **Scheduling Appointments:** At Wellness Solutions, LLC, we offer client courtesies in order to provide services above and beyond your expectations. Therefore, we use text messaging, phone calls, or email (based on client preference) to provide reminders each Monday morning to help our clients schedule their appointments for the upcoming week based on our agreed upon treatment plan. We also provide appointment reminders manually or through our electronic health records (EHR) system. Appointment scheduling outreach and appointment reminders are friendly courtesies offered to help our clients with treatment plan compliance. Clients are still responsible for their scheduled appointment times even if they do not receive outreaches and/or reminders. Clients are responsible for the appointment times they have agreed to and scheduled. Melissa is the Administrative Coordinator for Wellness Solutions, LLC and schedules all appointments and can be reached at 713-402-8576.
8. **Modalities of Treatment:** Psychotherapy, counseling, talk therapy, psycho-education, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Rational Emotive Behavior Therapy, Person Centered Therapy, Mindfulness Based Cognitive Therapies, coaching, and other psycho-therapeutic orientations and activities. The provider does not use experimental

or unusual treatment modalities. There are numerous modalities of treatment. Should the client feel that his or her needs are not being met by the services of the provider than the client is expected to express this concern in order for the provider to make appropriate changes to the treatment plan or give the client proper referrals to another clinician who may utilize modalities that better suit the needs of the client.

9. **All services are provided on a voluntary basis.** A client has the right to receive or refuse services at any time for any reason not withstanding age of maturity. The provider will give the client appropriate referrals to the client should the client request another provider. The provider also reserves the right to refuse services to the client for any reason at any time.

10. **What to Expect:** Sessions are 45 minutes in duration. Sessions include the client and provider discussing problems, symptoms, and presenting problems. The client is encouraged to develop coping skills, problem solving skills, accessing appropriate support systems, and other psychotherapeutic skills to decrease symptoms, improve functioning, and resolve areas of distress. The duration of time in therapy and anticipated length of stay for outpatient psychotherapy is dependent on multiple variables which include but are not limited to the presenting problem, diagnosis, compliance to the treatment plan, and motivation of the client. There are times in session where treatment resources such as articles, worksheets, books, videos may be referenced, recommended, or discussed to assist the client. Clients may receive homework or assignments to assist them with skill development and goal achievement. The goal of therapy is to assist the client achieve their goals, attain the client's highest level of functioning, and provide the client with skills, goals, and supports that reduces symptoms that have a negative impact on the client's functioning. Clients may be referred to providers with additional areas of expertise to assist with the client's goals.

11. **Client Expectations and Responsibilities:** Clients are expected to be on time for appointments. Clients are expected to complete treatment assignments or homework in a timely manner. Clients are expected to take responsibility for their financial obligations. Clients are expected to be honest in the therapeutic process. Clients are also expected to follow through with recommendations for treatment, such as, referrals to other providers or clinically relevant services for consultation or support. Failure of a client to be compliant with the agreed upon treatment plan, treatment recommendations, treatment referrals, therapeutic homework, safety plan, no harm plan, or medication management from their doctor, or other aspect of treatment can and will result in client termination. The provider reserves the right to refuse services or discharge a client for any reason at any time. If the client fails to live up to his/her responsibilities the provider is not responsible for any negative outcomes the client may have as a result. If a client is non-compliant with any aspects of his or her treatment plan, safety plan, or no harm plan the provider reserves the right to discharge the client and relinquishes all responsibility for the client's behaviors.

12. **Therapeutic Journey and Motivation:** *Treatment is your personal journey to achieve your goals. If you are not committed to the process, than it will not help you. There is no help a provider can give you that will overcome a lack of motivation or compliance of the client. Further, it is the client's responsibility to participate in therapy in an honest and forthcoming manner. It is also the client's responsibility to voice concerns with regards to counseling or psychotherapy in order to have said concerns addressed.* In order for therapy to be successful

you must do the work. The provider is a guide to help you through your personal work-not do the work for you. If at any time the client is not satisfied with the services provided the client has the right to choose services elsewhere or the right to self-determine your course of care. A client may request referrals to another provider at any time for any reason. For clients who chose to discontinue services and do not request referrals it is recommended that they call their insurance company and request a list of in-network providers for mental health.

13. **Limitations of Confidentiality:** The provider will respect, protect, and adhere to all ethical and legal obligations with regards to protecting your privacy, confidentiality, and protected health information. **THE CLIENT SHOULD BE AWARE THAT THE CLIENT DOES NOT HAVE COMPLETE CONFIDENTIALITY. THE PROVIDER IS LEGALLY AND ETHICALLY OBLIGATED TO REPORT THE IMMINENT THREAT OF HARM TO SELF OR OTHERS TO PROPER AUTHORITIES. THE PROVIDER IS COMPELLED TO REPORT SUSPECTED CHILD ABUSE, ELDER ABUSE, OR ABUSE OF ADULTS WHO ARE UNABLE TO CARE FOR THEMSELVES. THE PROVIDER IN CERTAIN SPECIFIC CIRCUMSTANCES IS COMPELLED TO REPORT WHEN CLIENTS MAY POSE A HEALTH RISK TO THE PUBLIC.** The provider is required to comply with subpoena and other actions of the court system. The provider is compelled to allow government agencies access to client information and records for purposes of audits, investigations, and other official purposes. The client relinquishes all rights to privacy and confidentiality in the event the client brings criminal or civil action against the provider. The client relinquishes all rights to privacy and confidentiality if the client brings complaint or action against the provider for ethics investigations. The client is advised that a client's mental health treatment and all documentation with regard to treatment can be subpoenaed in a court of law and can be requested in issues of child custody. The provider also holds the right to allow access to the minimum necessary client information needed for purposes of: standard business practices, quality control, quality improvement, clinical quality measures, client safety, legal procedures, audits from insurance companies, audits from governmental bodies, and billing purposes. The client is advised that information regarding the care of the client may be released or shared with the following: Third party payers, insurance providers, employee assistance plans (EAP), practice management consultants, legal counsel, or other professional services when appropriate. The client is advised that the provider shares information with the following, but not limited to, partners called business associates for normal business practices.
14. **Mandated Court Reporter:** The provider is a mandated court reporter and as such is legally and ethically compelled to report any suspected or reported abuse to minors, the elderly, adults who are at risk for exploitation. The provider is not permitted to investigate suspicions or claims. The provider is legally and ethically compelled to report to proper authorities who investigate. Information necessary for making a report is not covered under confidentiality.
15. **Requirements for Adolescent Population Clients:** All adolescent clients who have divorced parents are required to have a parent sign their initial client paperwork and provide a FULL copy of the divorce decree demonstrating that the parent signing the initial client paperwork has the right to consent to treatment for the adolescent client. If there is a joint custody

agreement in place then one parent may consent for the adolescent client's treatment. Failure to comply with this will result in discharge from care.

16. **Client Safety:** The client agrees to inform the provider immediately if the client is having active or passive thoughts to harm self or others. The client also agrees to inform the provider immediately if the client is experiencing psychotic symptoms, a severe increase in symptoms, or a severe decompensation in functioning. The client agrees to inform the provider if the client is non-compliant with his or her treatment plan, if the client is non-compliant with medication management, if the client is using illegal drugs, if the client is abusing prescription drugs, is abusing over the counter drugs, or is abusing illegal drugs. The client also agrees to inform the therapist immediately if the client has engaged in any self-harm behaviors, relapsed on drugs, relapsed on alcohol, relapsed on a nutritional plan (for eating disorder clients), or is engaging in any activities that may put the client or someone else at risk or harm. The client acknowledges that failure to disclose this information to the provider may be seriously detrimental to the client and also may result in immediate discharge from services. The provider takes the client's safety and the safety of the public very seriously. The provider is legally and ethically obligated to take any and all threats to self, to others, or to the public seriously and report these concerns to the proper authorities. No client is permitted to bring weapons of any kind into the Wellness Solutions, LLC office.
17. **Contacts Outside of the Session, Phone Calls, and Emergency Situations - *What to do in an emergency situation:*** Phone calls to the provider will be returned in three business days in most cases. Please leave a number or method of contact where a detailed message can be left. If a client leaves a phone number for the provider to return a contact than the provider will make the assumption that this is a secure manner to contact the client and if necessary leave a message unless the client states otherwise. Please note that the provider is not available for after-hours emergencies. The provider does not have a 24 hour emergency number. The provider may not be able to return calls immediately. In the event of a mental health emergency please call 911 or go to the nearest emergency room. You may refer to the Wellness Solutions, LLC website ([WWW.WellnessSolutionsLLC.com](http://WWW.WellnessSolutionsLLC.com)) under the CRISIS tab for 24 hour crisis hotlines, local community emergency services, and the nearest psychiatric hospitals. While the provider may choose to give contact information to the client for out of office communications on a limited basis this does not constitute a 24 hour crisis resource. For clients who consistently request communications then out of session fees not covered by insurance companies will be charged to the client's account. For additional information regarding fees please see Notice of Billing Practices and Client Financial Responsibility.
18. **Required Documentation for Emergency Situations, Continuity of Care, and Coordination of Care:** The provider requires a current release of information for an emergency contact in the event of a clinical or other emergency, a release of information for the client's primary care physician and/or psychiatrist. The provider will contact the client's primary care physician and/or psychiatrist upon admission and as appropriate throughout treatment, and upon discharge. This is a requirement and is not negotiable. The client is required to inform the provider of any changes of primary care physician or psychiatrist through the course of treatment. The client has the right to provide or rescind consent of a

release of information at any time. The provider requires the client to have a release of information on file the client can change the contact at any time.

19. **Professional Boundaries:** The provider takes the privileged position and therapeutic relationship with clients very seriously and as such maintains strict adherence to the ethical and legal boundaries inherent to that relationship. This is a unique relationship where clients can safely explore personal issues. Though there are aspects of the therapeutic relationship that seem to be similar to friendship this is not the case. Professional boundaries are maintained with clients in order for them to feel comfortable disclosing personal information. The therapeutic relationship is professional and based on timed sessions that are fee for service. All client contacts or communications should be of a clinical or administrative nature. The provider does not accept gifts from clients. The provider does not barter services due to potential conflicts of interests. If the client and provider should see one another in public the provider will not acknowledge the client unless the client acknowledges the therapist first. The provider is not permitted to attend social activities for the client. The provider is not able to assist the client with transportation problems for appointments. Any and all concerns the provider may have with regard to potential boundary infractions of the client will be addressed. The provider does not engage in dual relationships which means that the provider will not have social relationships with clients or accept clients who the provider may have a social or family relationship.
20. **Maintaining Integrity and Privacy in the Treatment Session and Treatment Environment:** Clients are not allowed to use any type of electronic device to audio record, video record, or document in any way the private and confidential therapy sessions and phone calls between the client and the therapist. Further, any and all correspondences with the therapist are not allowed to be presented in any public manner or social media. In the event a client recognizes another client while on the premises of Wellness Solutions, LLC it is expected that both clients will respect one another's privacy and confidentiality in the treatment environment.
21. **Grievances, Concerns, Complaints, and Comments:** Should a client have a specific concern, complaint, or grievance regarding the care they receive, administrative policies, or billing procedures of the provider then the client hereby agrees that prior to filing a formal complaint with a licensure committee/board, pursuing legal action, or filing a law suit the client will do the following: 1) Inform Danielle C. Ellis of the issue both verbally and in writing detailing the specific concern and how the client would like the issue resolved. Further, the client agrees to bring concerns about the provider to Danielle C. Ellis in a timely manner of no more than 6 months after the issue of concern transpired. To contact Danielle C. Ellis she can be reached at 713-594-0071 and 431 Nursery Rd., Suite A-500, The Woodlands, TX 77381; 2) The client will then give Danielle C. Ellis a minimum of 2 weeks from the date notified in writing of the issue to investigate and rectify the concern; and, 3) If after a good faith attempt by the provider has been made to rectify the concern and the client is still not satisfied with the result the client also agrees that prior to filing a formal complaint with a licensure committee/board, pursuing legal action, or filing a law suit the client and the provider will utilize a formal mediation process or alternative dispute resolution procedure. If the client chooses to engage in mediation proceedings the client incurs half the cost of the

mediation proceedings. If the need for mediation presents itself the provider reserves the right to choose the mediator. In the event a client needs to file a complaint against the provider the client can contact the Texas State Board of Licensed Professional Counselors. This information is also posted in the waiting room of the Wellness Solutions, LLC office. The provider welcomes client constructive feedback, concerns, comments, and complaints. The provider has a confidential feedback box in the waiting room of the office where the client can offer suggestions.

22. **Social Media:** The provider maintains a professional website, FaceBook page, Twitter account, and LinkedIn account as well as other social media and professional electronic internet referral websites. Clients are not required to participate in any social media. If the client does participate in the provider's professional social media then the provider does not take any responsibility for issues pertaining to privacy or confidentiality with regard to social media. Clients are advised to assume that there is no privacy with regards to participation in any social media whatsoever and that the provider does not accept any responsibility or liability with regards to privacy and confidentiality in social media. The provider reserves the right to discharge the client for posting harassing, threatening, or inappropriate content on the provider's social media, message board, or any public forums. The provider reserves the right to defend and protect the provider's reputation in situations where a client posts defaming, inflammatory, dishonest, or inappropriate information or content in any public forum, electronic forum, social media, or review site. Upon learning of said content the provider will contact, in writing, to request the client remove the content. The client will have two weeks from the date of notification to make these changes. The provider reserves the right to pursue criminal and/or civil actions against the client in the event the client refuses to remove the content.
23. **Client Outreach and Discharge Policy:** The provider will send outreach messages via text, e-mail, or voicemail/phone call to the client to provide continuity of care and ease to the client for rescheduling their next appointment. If the client fails to respond to 2 outreach contacts the provider will cease outreach. It is the responsibility of the client to schedule their own appointments. The outreaches and reminders are courtesies. If the client is absent from care for more than twice the time of their agreed upon treatment plan or three months then the client is considered discharged. The provider will send a discharge summary to the client at that time. If the client self-discharges before treatment plan goals are met or if the client discharges due to non-compliance the provider is not responsible for a client's negative outcome or behaviors. After no more than three months of the client not having an appointment the client will receive an official letter of discharge.
24. **Notice of Billing Policies and Practices, Notice of Fees for Services, Notice of Client Financial Responsibility:** Fees for outpatient individual therapy for a 45 minute session are \$150.00 for the intake assessment and \$100.00 per session for outpatient individual sessions. The fee for couples and family sessions are 120.00 per 45 minute session. Contracts with payers where the provider is in-network may supersede the aforementioned charges. **The following fees are not covered by insurance:** The fee for case management services are \$50.00 per 15 minutes. The charge for letters on stationary letterhead, paperwork that the provider needs to review and possibly sign for the client, and documentation that requires the



provider to review and sign is \$50.00. In the event the client requires the provider to attend mediation, testify in court, testify in legal proceedings or other services the charge is a \$500.00 retaining fee and \$200.00 per hour, and \$50.00 per hour for travel time. In the event a situation arises and the provider hires a consultant or legal counsel to offer case consultation services the client will incur the cost of these services. The provider will check the client's eligibility, check the client's benefits, set-up authorizations, submit claims, and submit necessary documentation to insurance companies in order to utilize the client's insurance resources. This is a courtesy the provider offers to the client. The provider is not required to offer this service. The client should be aware that in the event the benefits quoted by an insurance provider are incorrect, denied, or exhausted for any reason or if the client is out of network the client is responsible for all services not covered by the client's insurance. The client or the client's guardian is responsible for all service fees incurred by the client during the course of the client's treatment. The client is encouraged to be an informed consumer in all aspects of care and billing. The client is responsible for knowing their insurance benefits. The client is strongly encouraged to be knowledgeable of their in and out of network benefits for outpatient mental health. The client is strongly encouraged to call their insurance company and request information on their benefits so the client can be aware of their financial responsibilities. The client is responsible for payment of all fees for each session and is not allowed to carry balances on their account. In the event the client has any questions regarding their account the client is encouraged to contact Danielle C. Ellis at 713-594-0071 or review the client account in the provider client portal. The provider accepts the following methods of payment: cash, check, and all credit cards except American Express. If the client has a returned check then the client must make restitution within 30 days by paying the provider the original sum and the additional returned check fee of \$35.00. The provider reserves the right to pursue any and all legal options to recover fees for non-sufficient funds. Once the client has a check returned for non-sufficient funds the client may not use a check for any future payments. The client waives confidentiality and gives the provider permission to pursue payment for services rendered. The client waives confidentiality and gives the provider permission to pursue payment for services rendered in the event it is necessary to send a client to a third party collections service for failure to pay for outstanding balances and services rendered. The client or parent of the client is specifically responsible for the payment of services regardless of whom the subscriber may be.

25. **Risk Associated with Treatment:** There are times when psychotherapy can cause emotional distress as you will be addressing issues that may have been upsetting in the past. Therefore, one should know that there are risks involved with seeking treatment. If you begin to experience an increase in symptoms it is very important to address that with your provider in order to give you the support you need. There are times when clients may experience an increase in symptoms, resolve some symptoms only to develop new symptoms, or have unintentional or unforeseen consequences or results as a result of engaging in the therapeutic process. There are times when personal growth and development is preceded by emotional discomfort. In the event you do not feel like therapy is not assisting the client then it is the ethical responsibility of the provider to give the client appropriate referrals and discharge planning to the client in order to assist the client in his or her goals.

26. **Permission to Provide Treatment:** The client and if appropriate the client's parent or legal guardian gives the provider authorization and permit to treat. By providing this consent the provider is hereby given permission to treat the client in the outpatient level of care for psychotherapy.
27. **Clinician Incapacitation or Death:** In the event the assigned therapist on your file is incapacitated or deceased members of the provider's staff will contact you and either reassign your case to another therapist in Wellness Solutions, LLC or give you a referral to another therapist.
28. Please Identify The Three BIGGEST Presenting Problems That You Would Like Addressed In Therapy: \_\_\_\_\_.
29. Please Identify The Three BIGGEST Concerns That Have Lead You To Pursue Treatment: \_\_\_\_\_.

<<SIGNATURE BLOCK TO FOLLOW>>

CLIENT SIGNATURE \_\_\_\_\_

CLIENT NAME (PRINTED): \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT OR GUARDIAN (PRINTED NAME): \_\_\_\_\_

DATE: \_\_\_\_\_

WELLNESS SOLUTIONS, LLC REPRESENTATIVE: \_\_\_\_\_