

Betsy Hicks MA., LMFT
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CLIENT REQUEST FOR NO TREATMENT RECORDS

If a client being treated by the licensed counselor requests in writing that no treatment records be kept, and the licensed counselor agrees to the request, then the licensed counselor must retain only the following documentation:

- (a) The following business information:
 - (i) Client name;
 - (ii) The fee arrangement and record of payments;
 - (iii) Dates counseling was received; and
 - (iv) Disclosure statement, signed and dated by licensed counselor or associate and client.
- (b) The client's written request that no treatment records be kept.

I understand that Washington State Law requires minimum records as outlined above be kept for psychotherapy treatment. I understand that agreement is at the sole discretion of my therapist Betsy Hicks and be revoked at anytime by Betsy Hicks or by myself with prior notification of a written request. I understand that certain third-party payor typically require that additional information and treatment records be kept and failure to do so may result in non-reimbursement for services rendered by Betsy Hicks. Causes for revocation of the *Client Request for no Treatment Records* agreement include danger to myself, abuse allegations, or any other reason as determined by Betsy Hicks.

Signature

Date

Written Request:

Signature

Date