

I understand the mental health guidelines (attached) which state that “If a client requests that no treatment records be kept, and the counselor agrees to the request, the request must be in writing and only the following must be retained.”

- Client Name
- Fee Arrangement and record of payment
- Dates counseling was received
- Disclosure form signed by the counselor and the patient
- Written request that no records be kept

The following is written request that no treatment records be kept in your file.

I _____ request no treatment records be kept with regard to my counseling with Susan L. Hessel, LMHC.

Client Signature

Date

Parent Guardian Signature

Date