



HopeWise

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(210) 617-3185

www.hopewisesa.com

INFORMED CONSENT FOR INDIVIDUAL THERAPY.

TREATMENT AGREEMENT FOR PSYCHOTHERAPY AND OFFICE POLICIES

Welcome to HopeWise. This document contains important information about our professional services and business policies. Please read it carefully and let your therapist know if you have any questions. When you sign this document, it will represent an agreement between us.

PSYCHOTHERAPY SERVICES

We conceptualize psychotherapy from a systems perspective, in which the experiences of an individual is interrelated, both influencing and being influenced by the behaviors of the other member(s) of the individual's relationship or family. Within this general framework, we generally approach therapy from an integrative theoretical orientation, which means that we endeavor to choose theoretical approaches suited to the particular presenting issues and concerns of the client. For example, we draw from cognitive-behavioral theory to address communication skill deficits, whereas insight-oriented approaches may be better suited to address emotional relationship trauma. We view psychotherapy as a collaborative task, in which you take an active role in working toward your goals, both within and between sessions.

A therapist helps clients with mental, emotional, cognitive, and behavioral difficulties. Psychotherapy is intended to help you reach a better understanding of specific problems or increased self-awareness. It is also intended to work toward improvement of the identified problems, offer support in problem solving, provide some symptom relief, and improvement in coping with daily life activities. Your progress in psychotherapy and its outcome depends upon many factors including but not limited to your level of motivation and desire to change, the effort that you put forth in following through with agreed upon therapeutic tasks outside of session, keeping your appointments, and your willingness to be open with your therapist as you work together.

Therapy may have both risks and benefits. It often involves discussing difficult or unpleasant aspects of your life, and you may experience uncomfortable feelings about these discussions, such as sadness, guilt, anger, and frustration. Some of the changes you make as a result of psychotherapy may not be welcomed by other people in your life. This may result in some strain in your relationships with family and others. Therapy may disrupt a romantic relationship. Sometimes, too, it is possible for a client's problems to worsen immediately after beginning therapy. Most of these risks are to be expected when people are making important changes in their lives.

On the other hand, research has shown that therapy may also be beneficial, leading to improvements in individual psychological health, communication and problem-solving skills, and relationship satisfaction. It is important to understand that there are no guarantees about what you may experience during therapy or how therapy may affect you.

I have read, understood and agreed to the foregoing section: _____

INITIAL ASSESSMENT

Our first session, and possibly the first few sessions, will involve an assessment of your therapy needs and goals. There are several possible outcomes of this initial assessment, as it is an opportunity for us to decide if working together may be beneficial for you.

If the therapeutic approach appears to fit with your individual goals, your therapist will offer you some first impressions of what our work will include if you decide to continue with therapy. You are encouraged to evaluate this information, along with your own opinions of whether you feel comfortable working with your therapist, in deciding whether to continue with therapy. If you have any questions about our procedures during the initial assessment, or at any point in subsequent treatment, please bring them to the attention of your therapist.

Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you decide to continue with treatment, then we will move toward scheduling therapy sessions. If, after the initial assessment, you believe that you would be more comfortable working with another mental health provider or your therapist believes that another mental health provider may be better suited to assist you with your specific concerns, HopeWise will be happy to provide referrals.

I have read, understood and agreed to the foregoing section: _____

THERAPY SESSIONS AND ATTENDANCE

If psychotherapy is begun, we will typically schedule therapy sessions (55 minutes duration for one session) at mutually agreeable intervals. When an appointment hour is scheduled, you will be expected to pay a late cancellation fee of \$45 unless you provide 24 hours advance notice of cancellation, except in the case of a personal emergency. If you determine more than 24 hours in advance that you may be unable to attend, please contact your therapist so that you can schedule an alternative time.

You and your therapist will typically agree on specific goals for therapy, such as symptom reduction, behavioral change, improved communication and/or interpersonal skills, the ability to return to work or school, and I will prepare a written treatment plan. Goals will in all likelihood change as the therapy progresses and should be renegotiated accordingly. The therapeutic approach used will vary and should be discussed with your therapist whenever you have questions or when you believe therapy is not helpful.

How long you remain in therapy and the frequency of sessions is a matter best discussed while you and your therapist work together to achieve your goals. While it is your right to end therapy at any time, when you decide to end treatment it is in your best interest to discuss this with your therapist beforehand.

For Minors

The following statements provide your legal consent to and financial responsibility for therapy services to a minor child. These statements are important to protect the child, the parent/guardian/conservator, and the counselor. Please read carefully, review this information and sign where indicated. You are requested

to discuss any questions you may have with the therapist.

Parents. If you are a parent your participation in your child's counseling is important for long-term gains. You may need to learn a different way of dealing with your child to facilitate and maintain gains. You will be asked for feedback and views on your (your child's) therapy, progress and other aspects of the therapy and will be expected to respond openly and honestly.

Statement of Responsibility and Grant of Permission for Therapy

I am legally responsible and have the authority to make health care decisions for the child named above and grant permission to HopeWise to conduct therapy with this child. I understand that all custodial parents and legal guardians must give consent before treatment begins. I accept financial responsibility for the timely payment of all fees due for services provided to this child.

I understand and agree that any breach of these agreements may result in the termination of any, and all of my (or my child's relationship(s) with HopeWise or any of its providers, affiliates, and/or staff members. I have been given the opportunity to ask any questions may have had and am voluntarily signing this agreement.

Is there a child custody order? Yes No

If yes, a copy of the custody order must be uploaded to the client portal before the first session.

Minors. When working with minor clients the therapist will initially meet with all involved parents or caregivers before meeting with the client. From that point forward all discussions about clinical matters and concerns about the client will be done in the presence of the minor. Meetings without the client present tend to undermine the trust and therapeutic relationship. How frequently caregivers attend is something that can be negotiated at the outset of treatment and can be adjusted as needed.

For minor clients who are between 16-17 years of age, it is our policy to request an agreement from the patient and his/her parents that the parents' consent to give up their access to their child's records. If they agree, during treatment, parents will be provided only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. Parents will also receive a summary of their child's treatment when it is complete. Any other communication will require the child's consent, unless the therapist feels that the child is in danger or is a danger to someone else, in which case, parents will be notified of the concern.

Additionally, if you are a parent or guardian who is consenting to treatment for a minor, by signing this Agreement, you affirm that you are the parent or legal guardian of the child; that you have the legal right to consent to psychological treatment for the child; that there has not been a Divorce Decree or any other Court Order that limits your ability to consent to the child's treatment. If the child's parents are divorced or never married, it is our practice to require BOTH parents to consent to treatment, in compliance with any Divorce Decree or Court Order that may be in place. We will also require a copy of the Divorce Decree or Court Order prior to providing any services to the child, and by your signature below, you agree to provide it immediately upon request.

At HopeWise, if the parents of the child client have remarried or have significant others who may be involved in the child's therapy, your therapist may request to meet with all the adults before seeing the child to obtain signed Authorizations for the limited sharing of information regarding the child, and to establish the boundaries for treatment of the child. Our first rule is that none of the adults should ask to speak with the therapist before the child's appointment in front of the child. If you have information to share, please do it privately. Also, we do not allow step-parents to make therapy appointments for child

clients unless the child's parents have signed an Authorization allowing the step-parent to schedule the child's appointments.

I have read, understood and agreed to the foregoing section: _____

TERMINATION OF TREATMENT

People terminate counseling for various reasons. Sometimes termination is premature of goals being met; while at other times counseling is terminated because goals have been accomplished. It is our policy to support all termination for whatever reason.

A client's case will be identified as voluntarily closed after mutual discussion between Provider and client(s) or if there has been no contact with client for 30+ days. Your therapist may terminate services after 2 missed or late canceled appointments. When this happens, you will have to re-contact your counselor to resume services.

I have read, understood and agreed to the foregoing section: _____

PROFESSIONAL FEES

Our rates are as follows:

\$185 Diagnostic Intake with Clinical Therapist

\$125 Individual psychotherapy 55 minutes with Clinical Therapist

\$100 Individual psychotherapy 45 minutes with Clinical Therapist

\$65 Individual Psychotherapy 55 minutes with Counseling Intern

In addition to therapy appointments, your therapist may charge my standard \$45 hourly fee for other professional services you may need, although costs will be prorated for periods of less than one hour. Other services may include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

I have read, understood and agreed to the foregoing section: _____

LITIGATION POLICY AND FEES FOR COURT-RELATED SERVICES

We do not want to be involved in your litigation. We do not want to deal with subpoenas or lawyers or having to disclose your confidential information in court. Therapists do not enjoy going to court and do not want to deal with the negative feelings that can result from court or deposition testimony. The nature of the therapeutic process often involves making a full disclosure with regard to many matters which may be extremely private, upsetting or embarrassing. If you become involved in any legal proceeding during your therapy with HopeWise, including but not limited to divorce and custody disputes, or personal injury lawsuits, you agree that neither you, nor your attorneys, nor anyone acting on your behalf will subpoena records from HopeWise, or subpoena your therapist to testify in court, in a deposition or in any legal proceeding. By your signature below, you acknowledge our position and agree to abide by this litigation policy.

If you involve your therapist in your litigation, or if you or your attorneys subpoena therapist or HopeWise to provide records, testify in court or give a deposition in violation of this agreement, we will comply with lawfully issued subpoenas. **Our hourly charge for all time related to court cases or litigation is \$300 per hour.** You also agree by your signature below to execute and sign a Credit

Card Authorization and provide a valid credit card to ensure payment for the time our must spend dealing with your litigation.

If HopeWise or staff are subpoenaed to provide records or testimony in violation of this agreement and against these stated wishes, you also acknowledge and agree that you will pay for all professional time, including but not limited to preparation, record review, transportation charges (door-to-door), waiting time, and time spent testifying in court or deposition **regardless of which party issues the subpoena or requires your therapist to testify.**

If we are required to testify in court or give a deposition in Bexar County, we will charge an hourly fee of \$300 per hour for a minimum of 4 hours \$1200 and this includes preparation time, travel time, and attendance at any legal proceeding. If we are required to testify in court or give a deposition outside of Bexar County, the hourly fee will be \$300 for a minimum of 6 hours \$1800. If the testimony or deposition exceeds 4 hours (in Bexar County) or 6 hours (outside Bexar County), there will be an additional charge of \$300 per hour for every hour spent in court or deposition.

When a therapist is required to go to court or give a deposition, it requires the therapist to clear their schedule and not see other clients, so there is a 48-hour cancellation policy for court and depositions. For example, if the court appearance or deposition is scheduled for Monday, this office must be notified of any cancellation no later than Noon on the Thursday before. Any cancellations that occur within the 48-hour time frame of the court appearance or deposition are **NON-REFUNDABLE.**

HopeWise will accept cash, money order, cashier's check, or credit cards for payment of time related to court appearances or deposition. **NO PERSONAL CHECKS WILL BE ACCEPTED FOR THESE SERVICES.** All payments are due 48 hours prior to the scheduled court appearance or deposition, and no later than 12:00 Noon on Thursday if the court hearing/deposition is scheduled for a Monday. By your signature below, you expressly authorize your therapist to run these charges to the credit card on file in our office unless you notify your therapist that you intend to make payment by cash, money order or cashier's check.

Finally, if HopeWise or staff receive a subpoena by one party to provide records or testimony in violation of this agreement and against stated wishes, we reserve the right to terminate our professional, therapeutic relationship immediately and refer you to other mental health providers.

HopeWise will NOT perform social studies or custody evaluations. HopeWise will NOT provide recommendations regarding possession, custody, access to or visitation with minor children. HopeWise will NOT provide medication or medical advice. HopeWise will NOT provide legal advice. These services are NOT within the scope of our practice.

I have read, understood and agreed to the foregoing section: _____

BILLING AND PAYMENTS

You will be expected to pay for each session either before or at the time it is held. Payment schedules for other professional services will be agreed to when they are requested. Payment may be made in the form of cash, personal checks, or credit card (Visa, MasterCard, American Express or Discover) If any amount remains unpaid, no additional sessions will be scheduled until the balance is paid in full.

HopeWise is in the network for a number of insurance companies. HopeWise will submit claims for insurance companies we are in network with. However, you (not your insurance company) are responsible for full payment of our fees. You are responsible for knowing what mental health services your insurance policy covers. If you have questions about the coverage, call your plan administration.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a

collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

I have read, understood and agreed to the foregoing section: _____

CONTACTING YOUR THERAPIST

Other than session attendance, the only way your therapist may be contacted is by the office phone, (210) 617-3185, or the client portal. Our therapist's office hours vary and your therapist may often not immediately be available by telephone.

We routinely return calls within 12-24 hours during regular business hours, Monday through Friday, 9:00 a.m. to 5:00 p.m. If you are difficult to reach, please inform your therapist of some times when you will be available when leaving a message.

HopeWise is considered to be an outpatient practice, and we are set up to accommodate individuals who are reasonably safe and resourceful. Your counselor is not available at all times. If at any time this does not feel like sufficient support, please inform your counselor, and he or she can discuss additional resources. It could be that you need to schedule more frequent visits or be referred to a facility with a more intensive treatment option.

Generally, your counselor will return phone calls by the end of the next business day. If you have a true mental health emergency in which there is a question of imminent risk of harm, we encourage you not to wait for a call back, but to contact one or more of the following:

- United Way Help Line at 211 or 210-227-HELP (4357).
- The Center for Health Care Services has a 24 hr. Crisis Line: 210-223-7233 or 800-316-9241.
- Call 911
- Go to your nearest emergency room.

After hours crisis phone counseling not available. If you are in a non-life threatening situation you may call to schedule an appointment.

I have read, understood and agreed to the foregoing section: _____

USE OF ELECTRONIC COMMUNICATIONS

Client Portal

HopeWise provides for secure communication between you and your therapist through a Client Portal with TheraNest. There clients can view appointments, balances, make payments, and send and receive messages and files securely. Clients are encouraged to utilize this service. Please contact your therapist with any questions.

E-mail and text are for scheduling matters only. HopeWise does not use e-mail/text with clients regarding clinical matters. If you need to discuss a clinical matter between sessions please call your therapist or use the client portal. If you choose not to respect this policy regarding e-mail communications, your therapist may take steps to block further e-mail/text communications. We also reserve the right to terminate therapy and refer you to other providers. Any e-mails/texts you send to your therapist will be printed and will become part of your clinical record.

Email Consent

I authorize communication via email. I do not authorize communication via email.

Text Consent

I authorize communication via text. I do not authorize communication via text.

HopeWise does not allow audio taping of sessions unless we have agreed otherwise in advance and you have signed a specific written authorization for the taping to occur. For this reason, HopeWise requests that you turn your phone off when you enter the office. We reserve the right to confirm that your telephone is off, or request that you leave your telephone in your car. If you refuse to confirm your phone is off, or if you refuse to leave your phone in your car when requested to do so, your session may be cancelled. You and your therapist may then discuss whether to reschedule the session or terminate our therapeutic relationship. If the decision is to terminate, you will receive confirmation in writing and include referrals to other providers. By your signature below, you acknowledge that you understand our policy on the audio taping of sessions and you agree to abide by it.

We do not engage in communication or relationships via social media with clients. This is for the protection of your privacy as well as the therapy relationship. If you happen to encounter your therapist by accident through social media or the internet please feel free to discuss this with your therapist in session. Our office staff and therapists do not accept “friend” requests from current or former clients on psychotherapy related profiles on social networking sites due to the fact that these sites can compromise clients' confidentiality and privacy. For the same reason, we request that clients do not communicate with therapists via any interactive or social networking websites.

I have read, understood and agreed to the foregoing section: _____

Telemental Healthcare

Telemental healthcare includes the practice of diagnosis, treatment, education, goal setting, accountability, referral to resources, problem solving, skills training, and help with decision making through the use of internet based video conferencing.

Telemental psychotherapy may include psychological health care delivery, consultation, coaching, and/or counseling. Telemental psychotherapy will occur primarily through interactive audio and video communications.

Risks of Telemental Health

1. Technological failure, such as unclear video, loss of sound, poor connection, or loss of connection.
2. Nonverbal cues are less readily available to both the therapist and the client.

Benefits of Telemental Health

1. Less limitations by geographical location.
2. Reduction of travel to a physical office, which includes decrease in travel time.
3. Participation in therapy from your own home or the environment of your choosing.

Disclosures

Telemental health delivery by HopeWise may occur only with current residents of Texas. The current laws that protect privacy and confidentiality also apply to telemental health. Any exceptions to confidentiality are described in the Informed Consent document.

All existing laws regarding client access to mental health information and copies of mental health records apply. No permanent video or voice recordings are kept from telemental health sessions. Clients may not record or store video conference sessions or face-to-face sessions.

Telemental health may not be the most effective form of treatment for certain individuals or presenting

problems. If it is believed the client would benefit from another form of service (e.g. face-to-face sessions) or another provider, an appropriate referral will be made. If it would be beneficial for occasional face-to-face sessions with your counselor, this will be discussed as part of the treatment plan and the client has the right to refuse such a recommendation. This may result in a referral to another provider as well.

Expectations of client during each session

1. Minimum bandwidth connection of 384 kb or higher.
2. Minimum resolution of 640x360 at 30 frames per second.
3. Operational web camera (HD 1080p is recommended).
4. Proper lighting and seating to ensure a clear image of each party's face.
5. Dress and environment appropriate to an in-office visit.
6. Only agreed upon participants will be present. The presence of any individuals unapproved by both parties and not part of the treatment plan will be cause for termination of the session.
7. Valid ID must be presented by the client during the initial consultation. In addition, a copy must be provided by the client for the medical file.
8. The client must disclose the physical address of their location at the start of the session. Unknown locations will be cause for termination of the session.
9. The client shall also provide a phone number where they can be reached in the event of service disruption.

In Case of Technical Difficulties

Should technical difficulties cause session disruption, the counselor will contact the client via preferred telephone contact. If the technical difficulties can be resolved quickly, the session will resume and the client will not experience a shortened session length. If the technical issues cannot be resolved in a timely manner, the session will be rescheduled for a time when functionality is restored. The client will be contacted by telephone to develop a plan for continuation of the session. Counseling sessions will not be conducted via telephone.

Consent

I, voluntarily, agree to receive Telemental Healthcare assessment, care, treatment, or services and authorize HopeWise to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may withdraw consent for such care, treatment, or services that I receive through HopeWise at any time. By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me. _____

INTERACTIONS OUTSIDE THE OFFICE

If you and your therapist happen to encounter each other outside of the professional setting, your therapist will not address you unless you address your therapist first. This is also for the protection of your privacy from those either party you may be with. Your therapist is happy to return a friendly greeting but will allow you to take the initiative if you would prefer to do so.

I have read, understood and agreed to the foregoing section: _____

PROFESSIONAL RECORDS

Documentation of sessions consists of a summary of each meeting and may include general issues addressed, possible symptom presentation or change, level of functioning, mental status, diagnosis and

treatment plans. Texas law requires that we maintain appropriate treatment records for at least 5 years from the last date of service. If the client is a minor child, we must maintain treatment records for 5 years from the date the child turns 18.

As a client, you have the right to obtain a copy of your records upon submission of a written authorization. The records of your treatment will contain confidential information about you. Texas law requires that all requests to review or obtain copies of your records must be made in writing. HopeWise requires that clients sign an appropriate authorization before we release any records.

Records of therapy can be misinterpreted and/or can be upsetting to lay readers. If you request a copy of your records, they will be provided within 15 days of receiving the request unless your therapist believes that to do so would endanger your life or the life of another person. If the therapist believes that records must be withheld due to a situation involving life endangerment, that therapist will write you a letter to explain my reasons for withholding the records and your options.

I have read, understood and agreed to the foregoing section: _____

LIMITS ON CONFIDENTIALITY

In general, the privacy of all communications between you and a therapist is protected by law, we can only release information about our work to others outside your relationship with your written permission. But there are a few exceptions outlined below:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the therapist-client privilege law. HopeWise cannot provide any information without your written authorization. However, if your records are subpoenaed or if a judge issues a court order for your records, we are legally obligated to comply. In the case of a subpoena, your therapist may contact you so you (and/or your attorneys) can take steps to contest the subpoena. If you do nothing to contest the subpoena after being notified by your therapist, we will obey the subpoena.
- If your therapist believes that you are a danger to yourself or to other persons, we will contact medical or law enforcement personnel.
- If you disclose information that leads your therapist to suspect that a minor, elderly, or disabled person is being abused or neglected, we are required by law to notify authorities within 48 hours and we will comply with this requirement.
- If you file a lawsuit or a complaint against your therapist for any reason related to your therapy, we are allowed to use confidential information to defend ourselves.
- If a court order or other legal proceeding or statute requires disclosure of your information, we will obey the court order or the law.
- If you waive the rights to privilege or give written authorization to disclose information, we will comply with your authorization.
- Information contained in communications via computers with limited security/control, such as e-mail and telephone conversations via cell phone is not secure and can compromise your privacy.
- If your therapist learn of previous sexual exploitation by a mental health provider we are required to report it to the district attorney in the county of the alleged exploitation and the appropriate licensing board of the provider. The client has the right to remain anonymous when the report is filed.

Most insurance companies require a clinical diagnosis to reimburse for treatment. Some may require additional clinical information to support payment. Information collected by an insurance company will become part of the company's files. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their possession. Medical data has been also reported to be legally accessed by enforcement and other agencies, which may place you in a

vulnerable position. The safest way to protect confidentiality is to pay cash for treatment.

By your signature below, you acknowledge that you have been advised of these limits to confidentiality and potential risks. If you elect to use your insurance coverage to pay for treatment, HopeWise will assume that you have evaluated the stated risks and elected to proceed.

I have read, understood and agreed to the foregoing section: _____

PLAN FOR PRACTICE IN CASE OF DEATH OR DISABILITY

In the event of the death, incapacity or disability of your therapist, HopeWise has made arrangements for another psychotherapist to take over the practice, assume control of all records, meet with clients, make appropriate referrals to other providers, if necessary, and take all reasonable steps to manage the practice for the benefit of all clients. By your signature below, you authorize this designee to contact you directly, and use and disclose your confidential mental health information and records for the stated purposes.

I have read, understood and agreed to the foregoing section: _____

COMPLAINTS

You have a right to have your complaints heard and resolved in a timely manner. If we cannot work things out to your satisfaction you may inform your insurance carrier and file a complaint with them or with the licensing board. This practice is governed by the Texas State Board of Examiners of Professional Counselors, Telephone (512) 834-6658. It is unprofessional conduct to violate those rules. A copy of the rules may be obtained from the Board or online at <https://www.dshs.state.tx.us/c...>

The American Art Therapy Association, Inc. (AATA) sets educational, professional, and ethical standards for its members. The Art Therapy Credentials Board, Inc. (ATCB), 877-213-2822, www.atcb.org, an independent organization, grants and monitors professional credentials. Registration (ATR) is granted upon completion of graduate education and postgraduate supervised experience. Board Certification (ATR-BC) is granted to Registered Art Therapists who pass a written examination, and is maintained through continuing education

If you have a complaint concerning the HIPAA Privacy Regulations, you may contact the U. S. Department of Health and Human Services, Office for Civil Rights, at OCRMail@hhs.gov.

I have read, understood and agreed to the foregoing section: _____

Please Initial

_____I understand the nature of the proposed therapeutic treatment and I give my informed consent for psycho therapeutic treatment by HopeWise.

_____I understand that the fee for service is \$125 for each individual session. I have also been informed regarding fees related to legal proceedings and HopeWise's litigation policy and I agree to abide by it.

_____I understand that the counseling session is **55 minutes** in length.

_____I agree to pay \$45 for any missed appointments. To avoid a fee, please give 24 hours advanced notice if you must cancel or reschedule an appointment.

_____I understand that if I am experiencing a medical or mental health

emergency, I have been advised to dial 911 or go to nearest emergency room, and I agree to abide by these instructions.

I have read the above Agreement carefully, I understand the terms of this Agreement and I agree to comply with them. I understand that this Agreement is a contract between me and HopeWise, and may be legally enforced as a written contract. I agree that this Agreement will stay in effect until I revoke it in writing. I understand that any written revocation must be dated AFTER the date of this Agreement and must be provided to HopeWise. I agree that a copy of this Agreement has the same force and effect as a copy.

Client Signature

Date