

I, \_\_\_\_\_, have received counseling services at the office of \_\_\_\_\_, through *LifeSolutions*, my employer's Employee Assistance Program. At this time, I have completed the sessions allowed to me under this program, and my counselor and I are in agreement that I am in need of further services.

It has been explained to me and I understand that *LifeSolutions* clients are usually referred to another provider for continued services, and the names of three potential providers have been given to me. However, I wish to continue with my current therapist and am waiving my right to be referred elsewhere for services, and I am releasing *LifeSolutions* from providing any further services. I understand that I am personally responsible for payment of additional services and that I may pursue partial reimbursement through my mental health benefit plan.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved by *LifeSolutions***

Care Manager: \_\_\_\_\_ Date: \_\_\_\_\_