



# WELLNESS AGREEMENT

On this day \_\_\_\_\_, I, \_\_\_\_\_  
agree to a commitment of four (4) weeks Oh Grace Ministries (OGM) Wellness Sessions. I  
understand there will be no cost for the first  
four (4) weeks.

\_\_\_\_ I understand this is a faith-based ministry which promotes the entire wellness  
(mental, emotional, and spiritual) of a man, woman, boy or girl.

\_\_\_\_ I understand Dr. Janette Bentley, Behavior Therapist (BT) is not a psychiatrist nor a  
psychologist who prescribes medication(s).

All wellness sessions will be provided via 3 options:

1. Tele-health (live Zoom)
2. Telephonically (phone)
3. Texting

I agree to adhere to the following guidelines:

CONFIDENTIALITY AND HIPAA COMPLIANCE: All wellness sessions are confidential  
and adhere to the Health Insurance Portability and Accountability Act (HIPAA)  
standards.

This includes safeguarding your personal health information from unauthorized  
access. Your information will only be shared under legal obligation or with your  
explicit consent.

Any disclosures, including sharing information with outside professionals, will  
require a signed Release of Information form.

\_\_\_\_ I understand Dr. Bentley is a Mandated Reporter and at any time if she, as  
the behavioral therapist, feels someone may be in harm's-way, the local

authorities can and will be notified for the safety of YOU, the client and or your loved ones.

\_\_\_\_\_ I understand that clients are encouraged to participate in one (1) hour session to the best of their ability. Clients will be provided with motivational activities to complete outside the session to be utilized and or discussed at the next scheduled session.

\_\_\_\_\_ I understand that Dr. Janette Bentley may periodically consult with outside mental health professionals or medical doctors, for additional support for ME, the client. A Release of Information form would be presented at the given time if necessary.

\_\_\_\_\_ I understand that Dr. Janette Bentley may use discretion in discontinuing services, if for any reason the client declines to engage in wellness sessions.

At any time if you are experiencing health challenges, mental health or otherwise, please call 911. **DO NOT** contact the Dr. Janette Bentley or Oh Grace Ministries first. In this case, once your health status is improved, please follow up via text or email, if you so choose.

**CANCELLATION POLICY: There will be cancellation fee of \$50.00 charged if client is a NO SHOW or cancels less than 24 hours in advance for both free and paid sessions.**

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

Date: \_\_\_\_\_