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| CENTER FOR INTEGRATED CARE  *INTEGRATING LIVES FOR A BRIGHTER FUTURE* |  |

15336 Devonshire St. Unit 6

Mission Hills, CA 91345

Phone: 323-538-0975 | Fax: 818-484-4084|

DISCLOSURE STATEMENT

This is to inform you that your therapist, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is an \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Board of Behavioral Sciences to be able to provide mental health services in the state of California. \_\_\_\_\_\_\_\_\_\_\_\_ is being supervised by Licensed Clinician, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If for whatever reason you have concerns about your services, please feel free to contact her supervisor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/License #

Clinical Supervisor

818-221-3459

Client Name/Signature/Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name/Signature/Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_