



Kirstin Care OMHC Disclosure

(to be completed at the first session with your provider)

I, _____, am glad that you have chosen to begin a wellness relationship with me. I am committed to providing the best possible care to promote your wellbeing and growth. My credentials are _____.

To contact me, please call _____. Messages received after 6 p.m. may not be heard until the next day. Messages received over the weekend may not be heard until the next working day. While your call is very important to me, I am often in session and may not immediately return your call. However, I will make every attempt to return it within 24 hours. If you have a clinical emergency, please do not call me first. Instead, please call 911 or go to the nearest emergency room while you attempt to reach me.

Sincerely,

Provider Signature _____ Date _____

This is to certify that I have read, understand, and have received a copy of this disclosure form:

Client Signature _____ Date _____