

## Waiver of Referral for Further Service

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. 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. The names of three providers have been given to me. However, I wish to continue with my current therapist, and I am waiving my right to be referred elsewhere for services. 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 reimbursement through my mental health benefit plan.

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

### Approved by *LifeSolutions*

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