

New Mexico Highlands University

PERSONAL COUNSELING SERVICES

POLICIES AND PROCEDURES MANUAL

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MISSION STATEMENT

The mission of Personal Counseling Services at New Mexico Highlands University is to provide free counseling services to the students, faculty, and staff of the University in a confidential, supportive, and responsive setting. Counselors will provide services to any members of the university community who requests them and whose problems can be appropriately addressed by the staff. The services provided will be non-discriminatory and multi-culturally competent.

Services will include brief therapy for groups, families, couples, and individuals; consultation and education services for faculty and university staff, and appropriate programming to respond to counseling issues within the university community as they may arise. In addition, the Personal Counseling Services staff will serve the university community by providing appropriate experiences and supervision for practicum students for social work, counseling, and psychology programs.

The following policy and procedures were informed by the principles set forth by the Accreditation Standards for University and Counseling Centers (International Association of Counseling Services, 2000) and the Ethical Codes of Conduct of the American Psychological Association (APA, 2002) and the American Counseling Association (ACA, 2005).

COUNSELING SERVICES AND FUNCTIONS

The most prominent role Personal Counseling Services plays in the university community is providing counseling and/or psychotherapy to students experiencing personal adjustment, vocational, development and/or psychological problems that require professional attention. Of secondary importance, to the extent that resources are available, the counseling services play a preventive and supportive role in enhancing the healthy growth and development of students through outreach and consultation to the campus community. The counseling service provides referral resources within the local community to meet the needs of students whose problems are outside the scope of services of the counseling center.

1. Individual and Group Counseling/Psychotherapy

- a. Individual and/or group counseling and psychotherapy will be provided for educational, career, personal, developmental, and relationship issues. Service will be limited to brief therapy (e.g., 8 – 12 sessions) for individuals, couples, families and groups. Other services of a supportive nature may be offered to special populations given adequate need, staffing, and funding. Clients in need of long-term therapy or other services not available at the center will be assisted to locate those services through referrals encompassing both the university and community at large.
 - NMHU Personal Counseling Services will provide an initial assessment to determine whether or not the client needs can be appropriately met by counseling center.
 - If the counselor's initial assessment determines that the prospective client's needs cannot be met, a counseling staff meeting will be utilized to review the decision and a referral will be made.
 - A list of outside referral resources will be maintained for the counseling center's use.
- b. Psychological tests and other assessment techniques may be provided for psychological, personal, developmental, career and relationship issues to foster self-understanding and decision-making and to determine the most effective intervention strategies possible within the limits of available resources.
- c. All staff will have the necessary training to meet the diverse needs of students and will adhere to the ethical principles of their disciplines.

- d. Regular evaluation of the effectiveness of the services will be conducted.
- e. Services provided by interns and practicum students will receive close supervision by qualified personnel and be in compliance with professional training standards and state or provincial statutes.

2. Crisis Intervention and Emergency Services

- a. Personal Counseling Services will provide crisis intervention and emergency coverage directly when staff is available during regular hours of operation and through cooperative arrangements with Behavioral Mental Health Community Based Services after regular hours and as needed.
- b. Psychiatric resources will be made available through cooperative arrangements with Behavioral Mental Health Community Based Services or through Student Health Services.
- c. Personal Counseling Services staff will refer students to Behavioral Mental Health Community Based Services who are experiencing acute emotional distress, are a danger to self or others, or are in need of immediate hospitalization. In such cases, counseling service staff will work closely with other service providers to ensure that the resources are adequate and effectively used.
- d. Personal Counseling Service clients who need crisis intervention outside of regular office hours will be directed to Behavioral Mental Health Community Based Services. Personal Counseling Services will supply a recorded message directing clients in crisis to Community Based Services with their contact telephone number and location.

3. Emergency Procedures

The following procedures should be enacted if:

- A Counselor or Supervisor become concerned about a client's immediate well-being or perceives any sense of urgency regarding treatment
- The client indicates knowledge of a danger to himself/herself and/or others
- A client expresses a desire for hospitalization
- There is information or evidence to suggest an incidence of child or elder abuse

In such cases, the appropriate authorities need to be notified as soon as possible.

In the event that the counselor is an intern in training, the counselor should immediately consult with their supervisor. Indicate to the client that you wish to consult with your supervisor, and leave the room. Describe as completely and as succinctly as possible to the supervisor the reasons for concern.

If ongoing consultation is occurring, check on your client and inform him/her that you have sought consultation and familiarize him/her with the names of those involved. Refer to the supervisor as “Dr. _____,” as appropriate to his/her credentials.

When immediate hospitalization may be necessary, the following will occur:

1. The client will be referred to Alta Vista Regional Hospital Emergency Room.
2. The client will be consulted and reasons for hospitalization will be explained. The counselor will provide as much of this information to the client as possible; in the event that the counselor is an intern, the supervisor will be present or observing and present additional information as needed.
3. If the client agrees to hospitalization, he/she will be asked to sign a consent form, which states that he/she agrees to the referral. The client will also be asked to sign a Consent for Release of Information form. If the client signs the release form, the supervisor may call the Alta Vista Regional Hospital Emergency Room to inform the psychiatric nurse/social worker that the client is being referred there.
4. The counselor or, in the event that the counselor is an intern, the supervisor, or the Vice President of Student Affairs will then call Campus Police (unless the client is accompanied by another responsible adult) and ask for transportation to the hospital.
5. When Campus Police arrive, it is appropriate to show them evidence that this is a voluntary referral.
6. Copies of client records should be forwarded as soon as they are complete (based on having a client signed consent to release the information).

If the client needs to be hospitalized but refuses to do so voluntarily, the following will occur:

1. The counselor, supervisor or Vice President of Student Affairs will contact the Alta Vista Regional Hospital emergency room for consultation.
2. Other appropriate persons will be notified according to the situation and its demands.
3. The client will be informed that it will not be possible for counseling to continue at Personal Counseling Services.
4. If the client is deemed a danger to themselves or others, the counselor, supervisor, or Vice President of Student Affairs will contact the New Mexico Highlands University Police in order that the individual may be transported to the hospital.

When hospitalization is not deemed necessary, but another referral is warranted, the following will occur:

If the client does not need to be hospitalized but a referral to the Behavioral Institute of Mental Health Community Based Services or other agency or community physician is appropriate (e.g., the client is a student whose problems are beyond the scope of Personal Counseling Services):

1. The client will be consulted and reasons for the referral will be explained by the most appropriate person (this may be the counselor, supervisor, or the Vice President of Student Affairs).
2. If the client agrees to the referral, the client will be given the contact information for the physician or agency to make their appointment. (If the client would rather his/her physician make a referral to a psychiatrist or if the client already has a psychiatrist, this is also appropriate).
3. The client will be informed that our continuing with the case will depend on the recommendation of the individual/agency to whom he/she is being referred. It is possible that the counselor might continue working with the client depending on the recommendation.
4. The client will be asked to sign a Consent for Release of Information form.

5. Copies of client records should be forwarded as soon as they are complete (based on having a client signed consent to release information), in a manner that is consistent with HIPAA compliance.

If, in the opinion of the counselor, supervisor, or Vice President of Student Affairs, **the client does not need to be hospitalized but should be referred to a psychiatrist and the client refuses to do so,** the client will be informed that it will not be possible for counseling to continue at PCS. Other options for services will be given to the client.

IMPORTANT NOTES:

- If a police escort to the hospital is needed for a voluntary hospitalization, the PCS staff member should brief the client of this and assure him/her that this does not make the referral any less voluntary. The client has the right to change his/her mind at any time.
- Counselors or supervisors are never to put themselves in any physical danger in working with a client. The procedures listed above assume that following them endangers no staff member. Counselors will not drive clients to the hospital or other referral agency.
- In the event that the counselor is an intern and the supervisor cannot be reached, the counselor should call both the Vice President of Student Affairs and the Campus Police to assist him/her in management of the emergency.

4. Referral Resources

Personal Counseling Services staff refers students to resources both within the institution and the local community to meet the needs of students whose problems are outside the scope of services of the counseling center.

a. IMPORTANT EMERGENCY CONTACTS

1. NMHU POLICE SECURITY SERVICES
Chief Scott Scarborough (505-454-3278)
2. LAS VEGAS POLICE DEPARTMENT
Emergencies (911)
3. LAS VEGAS FIRE DEPARTMENT
Emergencies (911)

4. DEAN OF STUDENTS OFFICE

Judy Cordova, VP of Student Affairs: (505-454-3566)
Yvonne Duran, Administrative Secretary: (505-454-3020)

5. CHILD PROTECTIVE SERVICES (505- 425-9335)

6. ADULT PROTECTIVE SERVICES (5050425-9335)

7. SAN MIGUEL COUNTY PUBLIC HEALTH OFFICE

General Information: (505-425-9368)

8. AMERICAN RED CROSS –SAN MIGUEL COUNTY UNIT

General information: (505-425-6224)

b. COMMUNITY REFERRAL NUMBERS

1. ALTA VISTA REGIONAL HOSPITAL

General phone line: (505-426-3500)

2. BEHAVIORAL MENTAL HEALTH COMMUNITY BASED SERVICES

Crisis Coordinator: (505-454-5100; Maggie)

Crisis Hotline: (505-425-1048)

3. SEXUAL ASSAULT SERVICES

General Information: (505-454-5115)

c. ON-CAMPUS REFERRAL NUMBERS

1. NMHU STUDENT HEALTH CENTER

General Information: (505-454-3218)

2. COUNSELOR TRAINING CENTER

George Leoni: (505) 454-3564 (Thursdays only)

3. STUDENT SUPPORT SERVICES

Roland Salas, Director: (505-454-3236)

5. Outreach Intervention

- a. Depending on resources available, Personal Counseling Services will offer preventive and developmental interventions for students. Such outreach programs may include assistance in helping students acquire new knowledge, skills and behaviors, encourage positive and realistic self-appraisal, enhance the ability to relate mutually and meaningfully with

others, and increase the capacity to engage in a personally satisfying and effective style of living. These programs will meet the needs of students at New Mexico Highlands University, be responsive to sexual orientation, racial, cultural, disability and ethnic diversity among students, and reach students who are less likely to make use of traditional counseling services.

6. Consultation Intervention

- a. Depending on resources available, Personal Counseling Services will provide consultative services to members of the university community. When appropriate, the counseling service will actively interpret and advocate for the needs of students to administrators, faculty, and staff of the university.

Consultation services provided by Personal Counseling Services will meet the following guidelines:

1. Consultation regarding individual students should be provided as needed to faculty and other appropriate campus personnel within the bounds of the confidential counseling relationship.
2. Consultation may be provided to parents, spouses, and other agencies that are involved with students as long as confidentiality requirements are met.

7. Research

- a. The counseling service will make every effort to contribute to the fields of counseling, psychology, and other relevant professions through research and other scholarly endeavors.

Personal Counseling Services must abide by professional ethical standards as well as expectations developed by university groups responsible for overseeing research. When counseling services are involved with students and faculty who wish to conduct individual research on student characteristics or on the influence of specific student programs, such activities will be in compliance with appropriate professional ethical standards and institutional research board requirements.

8. Program Evaluation

- a. There must be a regular review of counseling service based on data from center evaluation efforts.

9. Training

- a. Personal Counseling Services will provide training and professional development for staff and trainees. While training and supervision are

legitimate and desirable functions of counseling services, they will not supersede the primary service role of the agency.

The following guidelines pertain to training:

1. Graduate student trainees will be selected carefully and supervised closely by experienced, qualified personnel in a manner consistent with professional training standards and state and provincial statutes.
2. Cases assigned to trainees will be related to their present level of training and competency to ensure quality services to students.
3. Graduate students who seek placement with Personal Counseling Services will be expected to submit a resume and be interviewed. They will also submit a written goal statement. Personal Counseling Services staff will review applicants and agree upon the selection. When an applicant is selected, an individual clinical supervisor will be assigned. The assigned supervisor will evaluate the graduate student's performance each semester in consultation with the Personal Counseling Services staff.

10. Counselor Workload and Waitlist

- a. Personal Counseling Services staff members are involved in all aspects of service delivery from prevention and education to individual psychotherapy with clients. Due to the nature of services offered, limits have been established to assure each function is thoroughly addressed.
- b. The maximum case load for each counselor is sixty percent actual face to face contact with clients per week.
- c. A waiting list will be developed as counselors reach their maximum loads for a week.
- d. No less than forty percent of the counselor's time will be devoted to general record keeping, strategy planning, writing reports, consultations, outreach, in-service, training of university and student housing staff, groups, travel, dorm presentations and other administrative tasks needed for the implementation of treatment services.

ETHICAL STANDARDS

All professional staff and graduate student interns at Personal Counseling Services will strictly adhere to their profession's Code of Ethics. All professional staff, interns, and administrative staff will maintain confidentiality of all information pertaining to Personal Counseling Services. Any violation of this policy is grounds for immediate disciplinary action.

This document specifically addresses several areas in which ethical dilemmas occasionally arise: records, written consent, confidentiality, oral communication, and supervision. These guidelines include procedural directions and policy statements specific to Personal Counseling Services at New Mexico Highlands University and are representative of ethical practice as defined by the American Psychological Association, the American Counseling Association, and the National Board for Certified Counselors.

1. Records

- a. All records containing client information are confidential and may not leave Personal Counseling Services. These include but are not limited to intake forms, progress notes, summary/termination reports, scheduling forms, assessment instruments, log of activities, letters of consultation or any other materials completed by or about the client.
- b. All written information pertaining to a client will be maintained in the client file. Notes or other materials that are no longer pertinent to the client file should be shredded in the center.
- c. All reports, intake information, intake and termination reports, and other correspondence regarding clients will be placed in the respective file folder in the front of the client file drawer. They will be shredded or filed after use.
- d. Client file folders and their contents remain in the file drawer except when being used by a counselor or supervisor. Written materials must be in the personal possession of an appropriate staff member at all times and must not be left unattended.

2. Written Consent

Those who request services from Personal Counseling Services generally will do so voluntarily. Yet, certain circumstances warrant written consent by the client.

- a. Informed Consent form. This form records the client's agreement with Personal Counseling Services policy relative to observation, written records, consultation, and the like. It also addresses confidentiality and its limits. It must be signed at the very beginning

of the intake interview or a counselor cannot proceed. If a potential client disagrees with any statement or wishes to restrict permission in any way, no services may be provided. Referral sources may be provided for that client.

- b. The Clinic/Client Agreement form. This form communicates the expectations of the client and the counselor and solicits agreement from the client for these policies. The agreement sets appropriate boundaries for the client session.
- c. Consent for Release of Information form. Written information from a client's file can be released to others when requested in writing by the client. Written information available for release ordinarily includes the Intake, Summary/Termination reports and any test reports/profiles. A request for information from someone other than the client can be honored if authorized by the client. Except as may be required by law, written information about a client is never released without the client's written permission.
- d. Client Rights and Privacy Notice. A copy of this document will be given to clients to inform them of their basic civil rights and of how Personal Counseling Services may use and disclose their protected health information (PHI) as is required by the federal law, Health Insurance Portability and Accountability Act (HIPAA).

3. Confidentiality

- a. All sessions and records of sessions are confidential. All staff will abide by the Health Insurance Portability and Accountability Act of 1996 – Privacy of Health Information (HIPAA), which mandates when and how an individual's PHI may be used or disclosed.
- b. Unless required by law (e.g., state mandatory reporting statute) or allowed for by law (e.g., HIPAA continuity of care provision), information will not be released without a release of information form signed and dated by the client.
- c. When a counselor determines that a client is a danger to self or others, or a client discloses information about child or elder abuse, confidentiality will be broken.
 - i. If there is a high potential for suicidal acts, the counselor will take appropriate action to ensure the client's immediate safety.
 - ii. If a client presents a danger to others, the counselor will take appropriate action to ensure the immediate safety of those determined to be at risk of harm.

iii. If a client discloses information that a child or elder is being abused, the counselor will call Child Protective Services or Adult Protective Services, as well as local authorities.

d. Professional consultation may occur through weekly staffings. At that time, client information will be presented. All in attendance will adhere to the confidentiality policy and the standards described in the Oral Communication section listed below.

4. Oral Communication

While training and supervision are important components of Personal Counseling Services, its primary objective is the delivery of services to students. There is a need for constant vigilance among all staff and supervisors with regard to oral communication. The following guidelines are to be observed:

- a. Conversation about a client occurs only:
 - a. When there is a clear purpose (such as a service or training),
 - b. between those directly involved,
 - c. in a location where there is no danger of being overheard.
- b. The identity of clients, their family members and associates shall be protected insofar as possible. In case conferences and supervision sessions, generic terms and titles are to be used (e.g., “client’s sister” vs. “Anna.”)

5. Supervision

Effective counseling and supervision require thorough, thoughtful conversation about topics and themes specific to client, counselor, and supervisor, including attitudes, perceptions, emotions, expectations, behaviors, and assumptions. Counselor supervision may include, but is not limited to, direct observation, case conferences, staff consultation, off-premises consultation with other professionals, evaluations, video tapes and audio tapes.

Unlicensed professionals and trainees working with clients are required to be supervised by an appropriate licensed mental health practitioner who will have access to some of the client’s personal information. Pursuant to the American Psychological Association’s Ethical Code of Conduct, all clients will be informed of the name, credentials, and contact information of their counselor’s supervisor(s).

**NMHU PERSONAL COUNSELING SERVICES
INFORMED CONSENT**

University Personal Counseling Services (PCS) is a service and training facility of New Mexico Highlands University. Staff case conferences will be conducted. Only authorized supervisory or counselor trainees will be allowed to hear reports of counseling sessions. Counselors are ethically bound to protect the client's right to confidentiality.

PCS also maintains a written case record containing personal data, interview notes, test results, and psychological reports. All information is held in strict professional confidence unless released to other qualified professional agencies or persons at the request of the client. Information is only released after a statement detailing the nature of the information to be communicated has been signed by the client and placed on file.

There are three notable exceptions to the above. First, if the court subpoenas counseling records, client information may be demanded by law without the consent of the client. The second exception to maintenance of confidentiality occurs when the PCS personnel judges the client to be in danger of harming him/herself or other persons. Lastly, knowledge of child abuse or elder abuse must be reported to the appropriate authorities. PCS will take steps necessary to prevent injuries to our clients and to warn any person(s) of the client's stated intention to harm.

There are no fees for counseling at PCS.

I UNDERSTAND AND AGREE to all practices noted above. In addition, I understand that I am consenting and agreeing only those PCS services that the counselor working with me is qualified to provide within: (a) the scope of the therapist's license, certification, and training; (b) the scope of license, certification, and training of therapists directly supervising the series received by me. The scope of the counselor's and supervisor's license, certification, and training has been explained to me.

Signature of Client	Client Name (print)	Date
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*Signature of parent/guardian	Date
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Signature of Witness	Date
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*Note: This line must be signed by a parent if the client is younger than age 16. If the parents are divorced, the form must be signed by the custodial parent or, in the case of joint custody, by both parents.

**NMHU PERSONAL COUNSELING SERVICES
CLINIC/CLIENT AGREEMENT**

Personal Counseling Services (PCS) at New Mexico Highlands University provides brief (8-12 sessions) counseling for individuals, couples, and families who are connected to the university. Given the limitations of the resources in manpower and otherwise, it is important that the Highlands community has the opportunity to have access to these resources. Thus, it is very important that a client keep scheduled appointments. If a client is unable to attend an appointment or is not going to be able to make an appointment on time, it is agreed that he/she will contact PCS as soon as possible to reschedule, preferably at least 24 hours in advance. Messages may be left at the above phone number.

If a client desires to terminate counseling, he/she will notify PCS in advance. The client will also make an effort to provide PCS and his/her counselor with any and all changes that may occur in personal information, especially regarding contact numbers or addresses. PCS also provides referrals for additional or different types of counseling services.

Confidentiality is an essential portion of a healthy counseling relationship. Both counselor and client will make all efforts to ensure this confidentiality.

Signature of Client	Client Name (print)	Date
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*Signature of parent/guardian	Date
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Signature of Witness	Date
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*Note: This line must be signed by a parent if the client is younger than age 16. If the parents are divorced, the form must be signed by the custodial parent or, in the case of joint custody, by both parents.

CLIENT RIGHTS AND PRIVACY NOTICE

Please give this document to the client.

CLIENT RIGHTS: Civil rights are basic rights granted to every citizen in our society. You cannot be denied any of your civil rights simply because you are being treated in a mental health treatment program. You are considered legally competent to make your own decisions and manage your own affairs unless you have been found incompetent or incapacitated by a court of law.

As a client of Personal Counseling Services, you have the right to the following:

1. To receive a written description of your rights in English when requesting services.
2. To receive appropriate, medically necessary treatment or therapy for emotional or psychological problems.
3. To be fully informed about any proposed treatment or therapy, including its risks and consequences.
4. To have all information that is shared with staff or is written in your case record held in strictest confidence, including the fact that you are receiving or have received mental health services, unless a 1) information is needed by a mental health professional or trainee who requires the information to provide services for you; b) information is needed to protect against the clear risk that you will seriously harm yourself or someone else in the near future – confidential information can be used against you in court; c) you provide information that a child or elder is being abused; or d) if you are under 18 or a court of law has found you legally incompetent and the information is needed by your parent or guardian to consent to your treatment.
5. You have the right to access and read your records and to make copies, unless a physician or other mental health professional believes that reading it would be harmful to you and notes this in your case record. You have the right to petition the court for an order allowing you to read the entire record if access has been limited.
6. You have the right to add information to your records in order to clarify or correct anything you feel is inaccurate and to have your corrections and clarifications included anytime your record is sent to another person, facility or agency.
7. You have the right not to be discriminated against in any manner because of your race, color, sex, religion, national origin, age, handicap, or degree of disability.
8. You have the right to access emergency services via a crisis line 24 hours a day, 7 days a week through NM Behavioral Mental Health Community Based Services.

PRIVACY NOTICE: This privacy notice is being provided to you as a requirement of federal law, the Health Insurance Portability and Accountability Act (HIPAA). The basic premise of the HIPAA Privacy Rule is that Protected Health Information (PHI) must remain private and confidential unless the individual has given prior written permission (e.g., Consent for Release of Information) to use or disclose the individual's health information; or unless other provisions of HIPAA allow use or disclosure without this prior permission (e.g., as described in statement #4 in Client Rights).

In the event that you do not understand these rights or need further clarification, you may request further explanation from your assigned counselor.

CONSENT FOR RELEASE OF INFORMATION

This authorization allows this clinician to disclose confidential information about you. The authorization may be revoked. It will remain in effect for six (6) months unless a different time is stated. You are entitled to a copy of the completed authorization. PLEASE PRINT

Client Name (First, Middle, Last)

Date of Birth (mm/dd/yyyy)

Client Address (Street or P.O. Box, City, State, Zip Code)

Client Telephone Number/ E-mail

1. I authorize the use or disclosure of the health information described below.

<input type="checkbox"/> Intake Report	<input type="checkbox"/> Psychological Testing
<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Diagnosis
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Other: Specify
<input type="checkbox"/> History and/or Physical Exam	

2. I authorize the release of the above information for the following dates:

<input type="checkbox"/> Most Recent Only	<input type="checkbox"/> All Dates of Contact
<input type="checkbox"/> Specify: _____	

3. This information is to be exchanged for the following purpose:

4. I understand that any information disclosed may include information relating to Sexually Transmitted Diseases (STD), Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and/or drug abuse and information obtained by the Evaluator(s) from other health providers.
5. This information applies to health information to be disclosed by the Evaluator(s).
6. This health information shall be disclosed to and used by the following individual or organization:

Name of the Individual or Organization

Address (Street, P.O.Box, City, State, Zip Code)

This authorization will expire in six (6) months unless another expiration date is specified here:
 ____/____/____ (mm/dd/yyyy).

Signature of Client or Personal Representative

Date (mm/dd/yyyy)

If signed by Personal Representative, Relationship to Client

Signature of Witness

Date (mm/dd/yyyy)