

Name of Contracted Independent Provider: _____

WETZEL-RASMUSSEN COUNSELING SERVICES

W10610 Clinic Street, P.O. Box 278

Elcho, WI 54428-0278

(715) 275-3934

Fax: (715) 275-4533

Client Rights and Billing Procedures Contract

I have been given a copy of *Client Rights and Billing Procedures*, the *Grievance Procedure* and the *SOCIAL MEDIA AND OTHER ELECTRONIC COMMUNICATION POLICY* handout for the services provided by Wetzel-Rasmussen Counseling Services. I will read the material and contact Wetzel-Rasmussen Counseling Services or the above named contracted independent provider if I have any questions.

Client Name: _____

Print

Parent/Guardian: _____

Print

Signature: _____

Signature: _____

Date: _____

Date: _____