

# Shane Blasko Psychotherapy, LLC

1989 North Williamsburg Dr., Suite E, Decatur, GA 30033, (404) 908-1773, www.shaneblasko.com

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## CLIENT INFORMATION FORM

*\*This Form is Confidential\**

Today's date: \_\_\_\_\_

Your preferred name: \_\_\_\_\_  
Last First Middle Initial

Your legal name (if different): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*\* Please initial **all** that apply

Preferred Contact Method(s): Voice message \_\_\_\_\_ Text \_\_\_\_\_ email \_\_\_\_\_

Person(s) to notify in case of any emergency: \_\_\_\_\_  
Name Phone

Relationship to you

I will only contact this person if I believe it is a life or death emergency. Please provide your signature to indicate that I may do so: (Your Signature): \_\_\_\_\_

Referred by: \_\_\_\_\_

- May I have your permission to thank this person for the referral?  
 Yes  No
- If referred by another clinician, would you like for us to communicate with one another?  
 Yes  No

Please briefly describe your presenting concern(s): \_\_\_\_\_

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What are your goals for therapy? \_\_\_\_\_

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How long do you expect to be in therapy in order to accomplish these goals (or at least feel like you have the tools to accomplish them on your own)? \_\_\_\_\_

*\*The following information on this form will help guide your treatment.  
Please try to fill out as much as you are comfortable disclosing\**

**MEDICAL HISTORY:**

Please explain any significant medical problems, symptoms, or illnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Medications:**

Name of Medication	Dosage	Purpose	Name of Prescribing Doctor

Do you smoke or use tobacco? YES NO If YES, how much per day? \_\_\_\_\_

Do you consume caffeine? YES NO If YES, how much per day? \_\_\_\_\_

Do you drink alcohol? YES NO If YES, how much per day/week/month/year? \_\_\_\_\_

Do you use any non-prescription drugs? YES NO

If YES, what kinds and how often? \_\_\_\_\_

Have any of your friends or family members voiced concern about your substance use? YES NO

Have you ever been in trouble or in risky situations because of your substance use? YES NO

Legal Issues (history of arrests, sentencing, DUI, incarceration, litigation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous medical and/or psychiatric hospitalizations (Approximate dates and reasons): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever talked with a psychiatrist, psychologist, or other mental health professional? YES NO  
(Please list approximate dates and reasons): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently having thoughts of hurting yourself? Yes \_\_\_ No \_\_\_

Have you ever had thoughts of hurting yourself or made attempts to hurt yourself in the past?

Yes \_\_\_ No \_\_\_ (If Yes to either question, please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_ Religion \_\_\_\_\_ Gender \_\_\_\_\_ Pronouns \_\_\_\_\_

Sexual Identity \_\_\_\_\_ Racial/Ethnic Identity \_\_\_\_\_

**FAMILY:**

Briefly describe your childhood family—with whom did you grow up?

Name Age Relationship How do you get along?

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

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Are your parents married/partnered? \_\_\_\_\_ If they separated/divorced, how old were you when they separated or divorced, and how did this impact you? \_\_\_\_\_

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**RELATIONSHIPS & SOCIAL SUPPORT & SELF-CARE:**

Currently in Relationship? \_\_\_\_\_ How Long? \_\_\_\_\_ Relationship Satisfaction: POOR 1 2 3 4 5 6 7 EXCELLENT

Married/Life Partnered? \_\_\_\_\_ How Long? \_\_\_\_\_ Previously Married/Life Partnered? YES NO  
If so, length of previous marriages/committed partnerships \_\_\_\_\_

Do you have Children? \_\_\_\_\_ If YES, how many and what are their ages: \_\_\_\_\_

Describe any problems any of your children are having: \_\_\_\_\_

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Please briefly describe any history of abuse, neglect and/or trauma: \_\_\_\_\_

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Current level of satisfaction with your friends and social support: POOR 1 2 3 4 5 6 7 EXCELLENT

Please briefly describe how you manage stress: \_\_\_\_\_

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Is spirituality or religion important in your life and if so please explain: \_\_\_\_\_

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Briefly describe your diet and exercise patterns: \_\_\_\_\_

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**EDUCATION & CAREER**

High School/GED \_\_\_\_\_ College Degree \_\_\_\_\_ Graduate Degree(or Higher) \_\_\_\_\_ Vocational Degree \_\_\_\_\_

What is your current employment? \_\_\_\_\_

Employment Satisfaction: POOR 1 2 3 4 5 6 7 EXCELLENT

Any past career positions that you feel are relevant? \_\_\_\_\_

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What do you think are your strengths? \_\_\_\_\_

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What do you think are your limitations?: \_\_\_\_\_

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PLEASE CHECK ALL THAT APPLY & **CIRCLE** THE MAIN PROBLEM:

DIFFICULTY WITH:	NOW	PAST		DIFFICULTY WITH:	NOW	PAST		DIFFICULTY WITH:	NOW	PAST
Anxiety →				People in General →				Nausea →		
Depression				Parents				Abdominal Distress		
Mood Changes				Children				Fainting/ Dizziness		
Anger or Temper				Marriage/Partnership				Restlessness/ On Edge		
Panic/ Fears				Friend(s)				Diarrhea		
Hopelessness				Co-Worker(s)				Shortness of Breath		
Irritability				Employer				Chest Pain		
Concentration				Finances				Lump in the Throat		
Headaches				Legal Problems				Sweating		
Loss of Memory				Sexual Concerns				Heart Palpitations		
Excessive Worry				History of Child Abuse				Muscle Tension		
Feeling Manic				History of Sexual Abuse				Pain in joints		
Trusting Others				Domestic Violence				Allergies		
Communicating with Others				Thoughts of Hurting Someone Else				Often Make Careless Mistakes		
Drugs/Alcohol				Hurting Self				Fidget Frequently		
Fatigue/Low Energy				Thoughts of Suicide				Speak Without Thinking		
Caffeine				Sleeping Too Much				Waiting Your Turn		
Frequent Vomiting				Sleeping Too Little				Completing Tasks		
Eating Problems				Getting to Sleep				Paying Attention		
Severe Weight Gain				Waking Too Early				Easily Distracted by Noises		
Severe Weight Loss				Nightmares				Hyperactivity		
Blackouts				Head Injury				Chills or Hot Flashes		

**FAMILY HISTORY OF (Check all that apply):**

Drug/Alcohol Problems				Physical Abuse				Depression			
Legal Trouble				Sexual Abuse				Anxiety			
Domestic Violence				Hyperactivity				Psychiatric Hospitalization			
Suicide				Learning Disabilities				“Nervous Breakdown”			

**Any additional information you would like to include:**

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## **INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT**

I appreciate that you have selected me to be your therapist, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

### **Background Information**

The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask.

I earned both, my master's degree in professional counseling (2000), and doctoral degree in Counseling Psychology from Georgia State University (2007). I am a Licensed Psychologist in Georgia. My experience providing psychotherapy to individuals and couples prior to this private practice, has primarily been at college and university counseling centers, including the ones at Agnes Scott College, Georgia State University, and the University of Missouri-Columbia. In addition to being a therapist, I was an Associate Professor of Counseling from 2008-2016, where I taught, trained and clinically supervised clinical mental health counselors-in-training. I also served on the board of the Georgia Psychological Association's (GPA) Council on the Psychology of Women and Girls from 2008 through 2013, including two years as chair of the council; and I continue to volunteer with GPA.

### **Theoretical Views & Client Participation**

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and I talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without me. I also do not believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit.

### **Confidentiality & Records**

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in my locked office and/or online protected by encryption and firewalls. Additionally, I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4)

I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed “privileged communication.” Privileged communication is your right as a client to have a confidential relationship with a therapist. This state has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

Please note that in couple’s counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

#### Structure and Cost of Sessions

I agree to provide psychotherapy for the fee of \$180 per 50-minute session, and \$210 per intake session or \$225-\$350 per couple therapy session, unless otherwise negotiated by you. Doing psychotherapy by telephone is not ideal; needing to talk to me between sessions may indicate that you need extra support. If this is the case, you and I will need to explore adding sessions or developing other resources you have available to help you. Telephone calls that exceed 5 minutes in duration will be billed at \$5 per minute. The fee for each session will be due at the conclusion of the session. Cash, personal checks, credit and/or debit cards, and HSA debit cards are acceptable for payment; and I can provide you with a receipt of payment, if requested. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$30 fee for any returned checks.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company’s policies and to file for insurance reimbursement. I will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

#### Late/Cancellation Policy

In the event that you are unable to keep an appointment, you must notify me at least **48 hours** in advance to cancel or reschedule. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not pay for missed sessions, and you are responsible for the entire fee (\$180) for missed sessions, not just your co-pay.

In the event that you have not arrived for your appointment within 15 minutes of the scheduled start time, without contacting the psychologist to indicate you are running late, the session will be considered a late cancellation/no show, and you will be charged the entire fee (\$180), whether you are using insurance benefits or not.

#### In Case of an Emergency

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls within 24-48 hours. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

- Call 911.
- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Ridgeview Institute at 770.434.4567
- Call Peachford Hospital at 770.454.5589
- Go to your nearest emergency room.

#### Professional Relationship

Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with me has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to

interact in any other ways, we would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients confidential. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

#### Statement Regarding Ethics, Client Welfare & Safety

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Psychological Association. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcome by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

#### Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains therapeutic and professional. Therefore, I have developed the following policies:

**Cell phones:** It is important for you to know that cell phones may not be completely secure and confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

**Text Messaging and Email:** Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or email because it is a quick way to convey information. If you choose to utilize texting or email, please discuss this with me. **However, please know that it is my policy to utilize these means of communication strictly for brief topics such as appointment confirmations.** Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. **You also need to know that I am required to keep a copy of all emails and texts as part of your clinical record.**

**Facebook, LinkedIn, Instagram, Pinterest, Etc:** It is my policy not to accept requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may

compromise your confidentiality. Shane Blasko Psychotherapy, LLC may at some time have a business Facebook page, a Twitter account and/or a LinkedIn profile or some other social media platform. You are welcome to follow me on any of these pages. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Shane Blasko Psychotherapy, LLC. If you would like to follow me on any of these media, you might want to consider using an alias to keep your connection with me confidential, but that is entirely your decision.

Google, etc.: It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material out and bring it to your session.

Twitter & Blogs: I may post psychology news on Twitter or write an entry on a blog. If you have an interest in following either of these, please let me know so that we may discuss any potential implications to our therapeutic relationship. Once again, maintaining your confidentiality is a priority. I would recommend using an RSS feed or locked Twitter list, which would eliminate you having a public link to my content.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions; and know that I am open to any feelings or thoughts you have about these and other modalities of communication.

### Our Agreement to Enter into a Therapeutic Relationship

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with me as your therapist, and you are authorizing me to begin treatment with you.

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**Client Name (Please Print)**

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**Date**

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**Client Signature**

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

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**Therapist's Signature**

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**Date**

# GEORGIA NOTICE FORM

## Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may *use* or *disclose* your *protected health information* (PHI), for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
  - Treatment* is when I provide, coordinate or manage your healthcare and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
  - Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

### **II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse*–If I have reasonable cause to believe that a child has been abused, I must report that belief to the appropriate authority.

- *Adult and Domestic Abuse*—If I have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, I must report that belief to the appropriate authority.
- *Health Oversight Activities*—If I am the subject of an inquiry by the Georgia Board of Psychological Examiners, I may be required to disclose protected health information regarding you in proceedings before the Board.
- *Judicial and Administrative Proceedings*—If you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety*—If I determine, or pursuant to the standards of my profession should determine, that you present a serious danger of violence to yourself or another, I may disclose information in order to provide protection against such danger for you or the intended victim.
- *Worker's Compensation*—I may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

#### **IV. Patient's Rights and Psychotherapist's Duties**

##### Patient's Rights:

- *Right to Request Restrictions*—You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations*—You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)
- *Right to Inspect and Copy*—You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend*—You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting*—You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy*—You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

##### Psychotherapist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a printed copy of the revised notice.

**V. Questions and Complaints**

If you have questions about this notice, disagree with a decision I have made about access to your records, or have other concerns about your privacy rights, you may contact me at 404-908-1773 or by mail at 1989-E North Williamsburg Drive, Decatur, Georgia, 30033.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

**VI. Effective Date, Restrictions, and Changes to Privacy Policy**

This notice will go into effect on January 1, 2013.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. If the terms are changed, I will provide you with the revised notice in writing.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date