

**Westchester, NY Trauma Recovery Network
Treatment Waiver and Referral Form**

Client Name: _____

Date: _____

Current TRN Therapist Name: _____

When a client has been referred to the Westchester, NY Trauma Recovery Network (Westchester TRN) it is expected that the TRN therapist provides the client up to five pro-bono sessions that are directly related to the disaster. In the event that a client needs/requests treatment beyond the five sessions, the Westchester TRN prefers that the TRN therapist refers the client to other professionals or services that are covered by the client's health insurance or paid for by client separately. In many cases other resources may not be available or some clients may prefer to continue services with the TRN therapist if possible. This Waiver allows for the client to continue treatment with their TRN therapist as a 'self-referral.'

In order to protect clients from a potential conflict of interest, the Westchester TRN requires that this 'Treatment Waiver and Referral Form' be explained by the therapist and signed by the client if the client wishes to continue with their current TRN therapist. The waiver helps to prevent a therapist from recommending additional therapy as a way of generating business for themselves or their group practice and empowers the client with choices. The Westchester TRN requires this form as verification that the TRN therapist has provided the client with two additional referrals other than self or any other person or organization where the TRN therapist may have a financial interest.

This form must be completed and a copy provided to the client at the final pro-bono session if the client wants additional treatment to be provided by their current TRN therapist. This form verifies the understanding that client will use personal insurance or self-pay for the additional services.

Referral #1 (Name) _____ Phone _____

Referral #2 (Name) _____ Phone _____

Acknowledgement by Client to Continue Treatment with Current TRN Therapist.

I, the client, want additional treatment beyond the pro-bono sessions and prefer to continue such treatment with my current TRN therapist.

I understand that the Westchester TRN requires the TRN therapist provide at least two additional referrals to other clinicians or services for which they have no financial interest, as this type of situation may pose a conflict of interest for me. I understand that I am not obligated to use the referrals provided to me and I am not obligated to continue treatment with my Westchester TRN therapist. I also understand that I am responsible for determining if a provider and/or a particular service is covered by my health insurance benefits plan. I understand that I will be responsible for payment of all additional services rendered beyond the pro-bono sessions originally provided by the Westchester TRN.

Client Signature

Date