

# VALLEY | CITIES

Behavioral Healthcare

## **CLINICIAN DISCLOSURE STATEMENT**

**Note:** Your clinician will discuss the disclosure when they meet with you. Please wait to sign this form until after that discussion.

The disclosure statement for this service provider was given to and/or reviewed with the client today.

A copy of the disclosure was offered to the client.  YES  NO

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

Date: \_\_\_\_\_