

Emily Lutringer, MA, LPC

Individualized Service/Treatment Plan

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge that I have reviewed with my provider my progress and diagnosis, and that

I helped develop the Treatment Plan dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for myself/my minor child,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I was offered a copy of this plan if I want to have it.

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Client/Guardian signature Date

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Clinician/case manager signature