

## Request for Destruction of Treatment Notes

I request that my treatment notes be destroyed and understand that they will be shredded in my presence, if this request is signed in person. I understand that if I return for additional sessions, that I will have to remind Dr. Davis of my trauma history because she will not remember them without these notes. Furthermore, I understand that Dr. Davis will not be able to accurately recall the details of my trauma history without these notes, if I find that I need her to recall them for Workman's Compensation or other such reasons. I further understand that my intake sheet, HIPA forms and Authorization to Treat cannot be destroyed and will be kept as permanent records and that these forms do not contain the details of my traumatic incidents.

Name: \_\_\_\_\_

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

This consent is not to be signed in advance of your treatment session. Bring it with you to treatment and sign it at the end of the session, in the presence of Dr. Davis, if you want your treatment notes destroyed. She will then shred your treatment notes in your presence before you leave the session.