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MENTAL HEALTH SERVICE AND FEE AGREEMENT

Welcome and thank you for the opportunity for Wynns Family Psychology (the “Practice”) and our group of independent providers to offer our professional help to you. This document (the Agreement) contains important information about the professional services you will receive and our business policies. **Although these documents are long and sometimes complex, it is very important that you read these policies carefully and ask for clarification when needed.** Please let us know if we can clarify any of this information and if you have any other questions.

Psychological Services: We make every effort to provide you with the highest quality mental health services available. These services include, but are not limited to: Therapy for individuals, groups, couples and families; play therapy for children; educational and psychological evaluations; custody and visitation evaluations; and consultation. The services may be provided by Dr. Wynns, by independent providers contracted by Wynns Family Psychology, or Master’s level interns working under supervision. Independent providers who use the Practice’s facilities are independently responsible for the professional services they provide here. All independent contractors associated with Wynns Family Psychology hold doctoral level or Master’s degrees in Psychology or Counseling and are either licensed to practice psychology in North Carolina or are currently completing their licensure hours under the supervision of a licensed clinician.

If your psychological or therapeutic services are not directly provided by Dr. Kristen Wynns, this contract is between you and your independent service provider; it is not between you and Wynns Family Psychology or any other member of Wynns Family Psychology. Your provider is an Independent Contractor and as such is solely responsible for determining the method, details and means of performing services. As an Independent Contractor, your provider is solely responsible for his/her clinical and non-clinical decisions and services, regardless of whether or not he/she has discussed the case with Dr. Wynns and/or other independent providers associated with Wynns Family Psychology or engaged in any other outside peer review. Note: For clients seeing a Master’s level intern, please refer to the intern’s Professional Disclosure Statement for more information.

We do not provide emergency services, though we certainly will make every attempt to be available to you as soon as possible should a crisis occur. For psychological or psychiatric emergencies, call 911 or go to the nearest hospital and ask for the psychiatrist on call.

SERVICES:

- **Therapy:** We provide a variety of therapy services including individual, family, couples/marital, play, co-parenting, reunification, and parent-coaching.
 - **Teletherapy:** If it is difficult to travel to the office for a session, or you have a conflict with childcare or weather, you may request to have a video/online session instead (Doxy). Same fees apply as in person sessions. Note: Some insurance plans may not reimburse for services not conducted in person, check with your specific plan.
- **Groups:** A variety of group experiences are available. For fees and dates/times see the group registration form.
- **Evaluations:** Educational, psychological and custody evaluations provided. If you are having an evaluation, you will be provided a separate form with detailed descriptions of what evaluations involve and the cost.
- **Custody/Forensic:** A variety of custody and forensic services are available such as custody evaluations/consultations, parenting coordination, reunification therapy, expert review, etc.

INSURANCE:

- **Please be advised that Wynns Family Psychology and the independent providers associated with the Practice are “out of network” providers with insurance companies.** As health care providers, your provider’s relationship is with you and not your insurance company. Current research indicates that a treatment program that places the needs of the patient first is the most beneficial in the long run. Unfortunately, many insurance plans place significant limits on your choice of health care provider, on the amount of services that you can receive, and on the amount of money that can be charged for and spent on services. If you wish, we will provide a document that helps you contact your insurance company regarding benefits, so that you will be clear about what portion of our services will be reimbursed to you by your insurance company. **However, insurance companies make it clear that there is no guarantee of benefits and Wynns Family Psychology provides this information only as a courtesy for clients of the Practice and independent providers associated with the Practice. It is your responsibility to understand your benefits and requirements for reimbursement.**
- We will also be happy to help you process your insurance claims for reimbursement by providing you with a receipt of services rendered (a “superbill”), which contains all of the information needed for an insurance company to process a claim. It is your responsibility, should you desire reimbursement to yourself, to process the claim with your insurance provider. You should also be aware that your contract with your health insurance company requires that we provide it with information relevant to the services that we provide to you, including a clinical diagnosis. If we are required to provide additional clinical information, we make every effort to release only the information about you that is necessary for the purposes requested. By signing this Agreement, you agree that Wynns Family Psychology and the independent providers associated with the Practice can provide requested information to your carrier. Please note that you always have the right to pay for services without seeking insurance reimbursement in order to avoid the problems described above.
- In the event an insurance carrier sends a reimbursement check to the Wynns Family Psychology office we will notify you via phone and email that we have received a check in the office. It is our practice policy that we will shred the check after we have contacted you. It is your responsibility to contact your insurance carrier to have them reissue the check to you. Wynns Family Psychology is out of network with all insurance carriers and will not accept checks from them on your behalf.

FEES:

- **All charges are your responsibility and payment must be made in full on the date services are rendered. All fees are non-refundable.** Checks may be made payable to Wynns Family Psychology (which serves as a payment administrator for the independent providers associated with the Practice). Cash and credit cards are also acceptable forms of payment. Cash payments need to be exact change only.

Therapy Fees:

Times provided in the table below are the face to face time (including teletherapy) with the provider. Sessions end promptly at the end of the allotted time to give your provider to complete notes and prepare for the next session. Most clients will usually meet with their provider for a 45-minute session once a week, then less often. The frequency of the sessions will be a joint decision; however, it is strongly encouraged that for the first three to four months sessions are scheduled weekly, so goals may be established, and you can fully develop a working-relationships with your provider. Many clients prefer to book an entire hour session for each visit which is also an option.

Provider Level	60-minute session (Typically 1 st session)	45-minute session
Dr. Wynns	\$265	\$235
Senior Psychologist	\$255	\$225
Doctoral Level Psychologist	\$190	\$170
Master’s Level Therapist	\$160	\$140
Master’s Level Intern	\$100	\$85

Reunification Therapy (RT) Fees:

Provider Level	60-minute session
Senior Psychologist	\$290
RT Specialist (doctoral level psychologist or master's level clinician with 2+ years of RT experience)	\$255
Master's Level Therapist	\$225

Supervised Therapeutic Visitation Fees:

60-minute session
\$250

Evaluation Fees: Please refer to the evaluation services form for information regarding fees and dates.

Group Fees: Most groups require an initial consultation. Please refer to your specific group registration form for additional details regarding fees and dates.

Custody/Forensic: As WFP offers a variety of custody/ forensic options, a separate form will be provided that outlines specific fees. Custody consult fees are \$275/ hour for Doctoral Level Psychologists, \$350/hour for Senior Psychologists.

Miscellaneous Fees: All other services, including phone calls, record review, letters, email (reading or responding), and telephone consultation (psychiatrists, physicians, teachers, guidance counselors, attorneys, etc.) are billed at the current therapy rate (prorated) of your provider. Attendance at meetings is billed at the current therapy rate (prorated) of your provider, including travel port to port.

Note: If the therapy rate changes from your first appointment, the time is billed at the most current therapy hourly rate. Meetings attended on your behalf are also billed at the therapy hourly rate, including travel time.

Court Related Fees:

Depositions are \$350.00 per hour time preparing for and giving deposition, port to port; testimony in court is \$350.00 per hour time preparing for and giving testimony, port to port. Senior Psychologists' court fee is \$450 per hour.

- If the Practice or your provider receives a subpoena to testify with respect to your case, the above fees apply no matter who issues the subpoena. In addition, if we receive a subpoena for records, we will bill our hourly therapy rate (at the time) for all time spent communicating with attorneys or the court, preparing and sending records, as well as any postage fees associated with mailing your records via certified mail.
- If you have terminated services with Wynns Family Psychology or your independent provider and we receive a request for information from another professional or a subpoena to court, the above charges still apply.
- **We require ½ of the hourly estimate to hold the date for settlement conferences, depositions, or testimony, with the balance due 1 week prior to the court date. Minimum retainer is 5 hours to include drive time, prep time, and court time = \$1750 (\$875 to hold the date). Minimum retainer for Senior Psychologists is \$2250 (\$1125 to hold the date).** A 50% refund of the holding fee is given if your provider is notified four weeks prior to said date that the services will not be needed (if reserved time is 8 hours or less).
- There are no refunds on retainers even if the trial is canceled or postponed.
- Court fees must be paid by cashier's check, money order, or cash. A 4% processing fee is charged if a credit card payment is made.

Records Request: In the event you request your record to be sent or picked up, the prorated rate of your provider is charged for time spent preparing, copying, and mailing/emailing your record. Payment is required before the record is sent.

- Record requests are typically able to be handled within 2 weeks of the request.
- NOTE: Please be advised, in the event we receive a subpoena or request for your records, or regarding your child or teen's records, our office staff will contact you to obtain your written consent. In the case of minors, we will require all legal parents/ guardians to provide written authorization prior to releasing any information or a signed Court Order. In addition, if a child or teen has been assured of confidentiality, it is important parents respect that agreement. Having a child or teen's record released to parents or attorneys can often harm the therapist-client relationship or the parent-child relationship and can disrupt therapeutic gains. We are happy to write treatment summaries upon request if general feedback about a child or teen's therapy is requested (hourly fees apply).
 - If divorced or separated parents are requesting a minor's record (versus accepting a summary or release to a professional), we will release the record to both parents.

Late Payment & Returned Checks: If you do not pay in full on the date services are rendered, finance charges are added if you do not make a payment within 30 days. Late charges are computed at 20% monthly for any balance over 30 days old. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require us to disclose otherwise confidential information such as your name, address, phone number, services rendered, or the amount due. If legal action or a collection agency is necessary, you will be responsible for paying any fees that we incur to collect on your delinquent account. **Regarding fees for returned checks, there is a \$35 fee for each returned check in addition to late fees.**

No Show/Late Cancel: Your appointment time is reserved exclusively for you. Please help us serve you better by keeping scheduled appointments. **The full fee is charged for appointments missed and for appointments cancelled less than 48 hours in advance.** It is important to note that insurance companies do not provide reimbursement for missed or cancelled sessions.

Late Arrival: Unless otherwise indicated, appointments are 45-50 minutes. If you arrive late for a scheduled appointment, the appointment will still end on time. Please be advised that you will be charged for the full amount of time that was allotted for your appointment.

- If you have dropped off a child or teen for a session and are late to pick up, a "late pickup" fee will be charged based on the number of minutes late and the fee for your services.

Termination Session: Please note it is always recommended that you schedule a final session to wrap up services once you have achieved your goals. This final session is very important for the child or teen to have closure on the process, discuss additional goals, and celebrate progress! Please talk to your provider when you feel ready to schedule this session.

CONFIDENTIALITY & PATIENTS' RIGHTS: The law protects the privacy of all communications between a patient and a provider. In most situations, we can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- Please note that we do discuss cases internally at Wynns Family Psychology in peer supervision, and by signing you give permission for these discussions. We sometimes consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing your identity. The other professionals are also legally bound to keep the information confidential.
- Wynns Family Psychology is a training practice and values mentoring and training Master's level and college interns. At times, interns may sit in and observe sessions, with the proper client and/or parent consents.

- Disclosures required by healthcare insurers or for overdue fee collection are discussed elsewhere in this Agreement.
- Disclosures about considerations and limitations of telehealth are discussed in a separate document.

As a general rule, outside of peer consultation, we will not disclose information regarding a patient unless authorized to do so by the patient in writing. However, there are legal exceptions to this rule of confidentiality; these are described in the attached Notice of Privacy Practices, The Health Insurance Portability and Accountability Act. HIPAA is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information.

Minors & Parents: In the state of North Carolina, children and adolescents less than 18 years of age cannot independently consent to or receive mental health treatment without parental consent. While privacy in psychotherapy is very important, particularly with adolescents, parental involvement is also essential to successful treatment and this may require that some private information be shared with parents. It is our policy not to provide treatment to a child under 18 unless he/she agrees that we can share general information about the progress of his/her treatment and attendance at scheduled sessions. Before giving parents any information, we will discuss the matter with the minor if possible, and do our best to handle any objections he/she may have, unless we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents (or other authorities) of our concern immediately and regardless of any objections the minor may have to us doing so.

Parents, Informed Consent & Divorce: If you share legal custody and your divorce decree notes that you must inform the other parent of health appointments, please note that our services fall under this, and you may be in violation of a court order if you fail to inform the other parent of our services with your child. Also note that to provide consent for treatment for your child you must either have sole legal custody OR have shared legal custody, and if you have no legal custody you cannot provide consent for treatment. **By signing below, you are stating that you have the legal right to consent for this child.** In the case of separation or divorce, any matter brought to our attention by either parent regarding the child may be revealed to the other parent. Matters which are brought to our attention that are irrelevant to the child's welfare may be kept in confidence. However, these matters may best be brought to the attention of others, such as attorneys, personal therapists or counselors.

- Note: When parents are divorced but both involved in the child's therapy, we will routinely cc both parents on emails, and request you do the same when contacting us.

CONSENT TO COMMUNICATE: Wynns Family Psychology Kristen Wynns, Ph.D., PLLC (doing business as Wynns Family Psychology) and its associates offer our clients the opportunity to communicate through different means. This form provides information about these methods and will be used to document your consent for us to communicate with you through these methods. For the purposes of our forms and agreements, "Wynns Family Psychology" will be used to refer to Kristen Wynns, Ph.D., PLLC and its associates.

Email Communications: Wynns Family Psychology offers our clients the opportunity to communicate by email. This form provides information about the risks of email, guidelines for email communication, and how we will use email communication. Though email is one of our preferred methods of correspondence, we're encouraged to let you know that email may not be a secure form of communication. Because there is no guarantee of privacy, emailing sensitive and confidential information should be limited. It's important to understand that while most email accounts have safeguards in place to protect your privacy, no email system is perfect, and breaches in security could allow unauthorized parties to access your personal and confidential information.

Email Risks: Communication by email has a number of risks which include, but are not limited to, the following:

- Email can be circulated, forwarded, and stored in paper and electronic files.
- Backup copies of email may exist even after the sender or the recipient has deleted his/her copy.
- Email can be received by unintended recipients.
- Email senders can easily type in the wrong email address.

- Email can be intercepted, altered, forwarded, or used without authorization or detection.
- Email can be used to introduce viruses into computer systems.

How We Will Use Email:

- We will limit email correspondence to clients who are adults 18 years or older, or the legal representatives of established clients, unless authorized by the client to communicate with other professionals.
- Email communication may include, but is not limited to, information about scheduling appointments, billing questions, and routine client questions.
- Email correspondences may also include information about therapy, testing, group, custody, or medication services (as applicable).
- Though our goal is to limit the transmission of private information, when requested by the client, Wynns Family Psychology may provide sensitive information via email, such as confidential summaries and reports.
- Emails to or from you may be made a part of your medical record. You will have the same right of access to such emails as you do to the remainder of your medical file.
- Your email messages may be forwarded to another Wynns Family Psychology associate or office staff member as necessary for appropriate handling.
- We will not disclose your contact information, including email(s), to other professionals, collections agencies, researchers, or others, unless your account is delinquent. State or federal law may supersede that requirement. Please refer to our Notice of Privacy Practices for information as to permitted uses of your health information and your rights regarding privacy matters.
- If you provide us with written consent, we will add your email to our monthly newsletter that includes tips, resources, and upcoming events. You may choose to decline this option, even if you consent to services at WFP.

By Providing Your Email Address:

- You agree to communications via email with Wynns Family Psychology by email.
- You understand the inherent risks of communicating by email, including the privacy risks explained in this form.
- You understand that Wynns Family Psychology cannot guarantee the security and confidentiality of email communication including, but not limited to, written messages, file attachments, and internet links. Wynns Family Psychology will not be responsible for emails or messages that are not received or delivered, or for the disclosure of personal or confidential information.
- You authorize Wynns Family Psychology to communicate through any of the email addresses provided on any of our client forms or during our email communications, including, but not limited to, the email address(es) of your spouse and/or child's legal guardian(s).
- You understand that email is not a substitute for care that may be provided during an office visit. Appointments should be made to discuss any new issues or any sensitive medical information.
- You understand that either you or Wynns Family Psychology may stop using e-mail as a means of communication upon your written request.
- You understand that you may revoke the consent to use email at any time by so advising Wynns Family Psychology in writing. Your revocation of consent will not affect your ability to obtain future health care nor will it cause the loss of any benefits to which you are otherwise entitled.

Guidelines for Email Communication:

- Email messages should not be time-sensitive. While we try to respond to emails within one business day, in some instances, it may take longer. Urgent messages or needs should be relayed to an urgent care facility.
- Please understand we do not provide advice or respond to clinical issues via email. We will ask that you schedule a phone consultation or wait for your next scheduled appointment to discuss anything other than scheduling or billing.
- If your email requires a response, and you have not heard back from us within three (3) working days, first check your email's spam folder, and then call our office to follow-up and determine if we received your email.
- Take precautions to protect the confidentiality of email, such as safeguarding your computer password and using screen savers.
- Please do not include information through email you wish to be kept private.
- Inform us of changes in your email address(es).

Phone, Voice, and Text Message Communication: Wynns Family Psychology also offers our clients the opportunity to communicate by phone. In order to maintain a reasonable flow of communication, it may be necessary for us to leave a message on an answering machine, voicemail, via text message, or with a third party. It's important that you understand more than one person in a home or office may receive this call, be left with a message, or have access to these voice/ text messages. This information also applies to communication through HIPAA compliant video messaging services such as Doxy. The recording of any communication with Wynns Family Psychology, including traditional and video phone calls, is strictly prohibited.

By Providing Your Phone Number:

- You authorize Wynns Family Psychology to communicate via traditional phone, text, and video phone services and leave messages (with the person who answer the phone, on an answering machine, or through voicemail/ text messages) at any of the phone numbers provided on any of our client forms or during our phone communications, including, but not limited to, the phone number(s) of my spouse and/or child's legal guardian(s).
- You understand that Wynns Family Psychology cannot guarantee the security and confidentiality of these voice or text messages.
- Wynns Family Psychology will not be responsible for messages that are not received or delivered, or for the disclosure of personal or confidential information. You also understand the recording of any communication with Wynns Family Psychology, including, but not limited to, traditional and video phone calls, is strictly prohibited.
- You agree to inform Wynns Family Psychology of any changes in your phone number(s).
- You understand that phone and/or text messages are not a substitute for care that may be provided during an office visit. Appointments should be made to discuss any new issues or any sensitive medical information.
- You understand Wynns Family Psychology providers will NOT provide emergency/crisis services via phone or text. You will follow the crisis protocols as formerly outlined in his form.
- You understand that either you or Wynns Family Psychology may stop using phone and/or text as a means of communication upon your written request.
- By signing this consent form, you acknowledge that you have read, understood, and agree with the information contained in this form and give your consent for email, phone, text message, and voice communications to and from Wynns Family Psychology.

Electronic Health Record System (EHR) / Patient Portal: WFP currently utilizes an EHR for scheduling, billing, and documentation purposes. For clients who elect to do so, clients may set up an account through our online patient portal system. Clients may request and/or cancel appointments (late fee policy still applies) through the portal. As clinically appropriate, documents may be shared between the provider and client(s) through the portal. Please note that WFP does not maintain any record of your password to access the account. At this time, only one parent email address can be assigned to the client's record.

Contacting Your Provider: Please note the preference is for you to contact your provider directly on his or her cell phone. Note, we will not answer the telephone when we are with a client. When we are unavailable, our telephone is answered by confidential voicemail that we monitor frequently. We will make every effort to return your call on the same day you make it, or at least within 24 hours, with the exception of weekends and holidays. **Email is not a secure form of communication and confidentiality cannot be guaranteed.** We will respond should you choose to email us regarding non-clinical issues such as appointment scheduling. **Please note we will not engage in "therapy" nor respond to casual "chats" via email. If you choose to share clinical information via email, we will bill for the time reading it and discuss it with you at your next therapy session or offer to schedule a phone consultation.**

RECORDING AT ANY TIME BY ANY PARTY IS NOT ALLOWED WITHOUT PERMISSION. Recording of conversations and communications without consent apply to, but are not limited to, in-person counseling/consultations, phone calls, video communication (such Doxy). If we are informed or discover you have recorded sessions, we will give you a referral to a new provider and ensure an appropriate transfer out of the practice.

OTHER CONSIDERATIONS

NO FOOD OR DRINKS are allowed in the waiting room. Feel free to enjoy your snack or drink on the back terrace or out in the hallway. Thank you for your consideration!

In Case Of An Emergency: As noted above, we do not provide emergency services, and thus you should exercise one of the following options in an emergency: contact your psychiatrist or primary care physician, go to the nearest hospital emergency room and ask to speak with the psychiatrist on call, and/or follow your insurance carrier's emergency procedures.

Inclement Weather Policy: At Wynns Family Psychology, individual clinicians decide if they are able to come in as scheduled or not. If you haven't heard from your therapist or doctor, please call or email them directly to inquire about any schedule changes or to notify them you are unable to come in due to weather.

Therapist-Patient Services Agreement

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTOOD THIS DOCUMENT AND AGREE TO ABIDE BY ITS TERMS DURING YOUR PROFESSIONAL RELATIONSHIP WITH WYNNS FAMILY PSYCHOLOGY AND/OR THE INDEPENDENT PROVIDERS ASSOCIATED WITH THE PRACTICE. Please ask for clarification of any information you are unclear about. By signing below, you are also certifying that you have been given a copy of the Notice of Privacy Practices.

Please initial:

	I have read and understand the Service and Fee Agreement.
	By signing below, I am agreeing that I have the legal right to consent for this child (if services are for a minor). If divorced or separated, I am following our legal agreement with respect to notifying or getting consent from the other parent.
	I understand that if psychological services are not directly provided by Dr. Kristen Wynns, this contract is between me and the independent service provider providing the services, and that such independent service provider (and not Wynns Family Psychology) is solely responsible for the clinical and non-clinical decisions and services rendered hereunder.
	I agree to the terms of payment, to include payment of fees listed for court testimony and depositions.
	I understand the cancellation policy is 48 hours and I will be charged full fee for all late cancels and "no shows."
	I understand Wynns Family Psychology is out of network for all insurance plans and I am responsible for submitting my own claims to insurance.
	I understand if I am late for the session, the provider will still end the session on time and I will be billed for the full session.
	I understand recording of the session is not allowed at any time, and if recording is discovered, we will be referred to another practice.
	I understand requesting a child or teen's record can often harm the therapist-client relationship, and disrupt therapeutic gains. I understand verbal communication with the therapist or written summaries are a preferred method for being involved in my child's treatment.
	I understand I will be billed for the time involved with record requests (including copying, preparing, and mailing).

	I understand all fees are nonrefundable.
	I understand both parents have to consent to release of records unless a parent has sole legal custody.
	I acknowledge that I have reviewed a copy of the Notice of Privacy Practices for WFP.
	I understand WFP does not provide emergency/crisis services. If we have a mental health crisis, we are to call 911 or go to the local ER and ask for the psychiatrist on call.
	My initials indicate that I understand WFP will automatically add my email address to receive the monthly e-mail newsletter which shares resources, tips, and upcoming events. Leave this space blank if you do not want to receive the digital newsletter.
	My initials indicate that I give consent for an intern to observe my provider during the initial consultation/intake appointment. I understand that my provider may also seek my consent to have an intern observe additional sessions during my or my child's treatment. I understand that I can either withdraw or refuse to give consent to such observations at any time and that my decision to do so will not impact my treatment.
	I understand that I may discuss any questions or concerns about this form during my initial appointment with my provider.

Your signature below indicates you have read this document and the agreement in full, understand the information, and agree to abide by the statements herein and its terms during our professional relationship.

Name of Client 1	
Client 1 Date of Birth	
Name of Client 2	
Client 2 Date of Birth	
(If client is a minor) Parent(s), &/or Legal Guardian(s) names:	
Parent/Guardian 1	
Email Address	
Phone Number	
Parent/Guardian 2	
Email Address	
Phone Number	
Signature 1	Signature 2
PLEASE SIGN IN THE PORTAL	PLEASE SIGN IN THE PORTAL
Date	Date