

Dina Yerex, LPC, CADC III

17356 Strauss Avenue
Sandy, Oregon 97055



406 NE 4th Street
Gresham, Oregon 97030

TRANSFER PLAN

In the unlikely event of my death, severe illness, or injury resulting in my inability to work or talk with my clients, I have made an agreement with my trusted colleague, **Rachel Starck, LPC**, to act in my place. Rachel practices at **The Growth Place, 7415 N. Oatman Avenue, Portland, Oregon 97217**, and her phone number is **(503) 929-2773**. The agreement with Rachel allows her access to your information only in the event that I am unable to contact you myself. The plan is that Rachel will then contact my current clients to inform you of my inability to provide counseling services and, if possible, the expected date of my return to work. If needed, Rachel has also agreed to either take my place as your counselor or to refer you to another qualified counselor for continued treatment.

If I am permanently unable to return to my practice, Rachel has agreed to maintain and store the records I have created about my clients following all applicable laws and ethical guidelines. Your right to access your record is not affected by this agreement—should it become necessary for Rachel to store client records created by me, you may still have access to them, and she will release information as requested by you in writing, and/or as otherwise allowed or required by law.

I have taken all steps I can think of to make sure that Rachel is notified as soon as possible in the event that I am unable to work or talk with my clients, so that she may follow up with you as soon as possible. However, please know that there is a possibility that we may have a scheduled appointment before Rachel is notified or is able to contact you. If I ever do not meet you for a scheduled appointment, please first try to contact me by telephone at (971) 226-4040. If I do not answer the phone directly or respond to a voice mail message about the missed appointment within 24 hours, please contact Rachel at (503) 929-2773 to let her know that I am not responding, so that she may follow up with you to make sure you are getting the treatment you need. Thank you for your understanding and cooperation.

Dina Yerex, LPC, CADC III, CGAC II

Date

I understand that there is a possibility that Dina Yerex, LPC, CADC III, may, due to illness, injury, or death, be unable to work or contact me directly to make other arrangements for continued counseling services. In that case, I agree that Rachel Starck, LPC, CADC III, has my permission to access my records and contact me as described above. I also agree that if Dina Yerex is permanently unable to resume her counseling practice, Rachel Starck has my permission to store, maintain, and dispose of my client file as permitted and/or required by law and applicable ethical codes. I understand that this agreement does not require Rachel Starck to provide any services to me unless Dina Yerex is unavailable due to disability or death. By signing below, I acknowledge that I have read this document, and have had the opportunity to discuss any questions or concerns I may have had with Dina Yerex.

Client Signature

Date

Client Name (please print)