# Release of Liability Document

Navigate Wellness Health Group, LLC 11124 N Cedarburg Rd. Suite 150 Mequon, WI 53092

Hello! This letter confirms that you attended an initial consultation at Navigate Wellness Health Group, LLC. After careful consideration, you have decided not to proceed with therapy services at this time.

By signing this document, you acknowledge that:

- [ ] You have chosen to discontinue therapy voluntarily with Navigate Wellness.
- [ ] You have been informed of alternative therapeutic resources should you decide to seek treatment elsewhere. (Alternatives include: Robert Bannasch MS, LPC; Bohdi Counseling (262) 999-7273).
- [ ] You understand that Navigate Wellness Health Group, LLC and its therapists are not liable for any future mental health issues or concerns that may arise due to your decision to discontinue therapy.

Should you wish to resume therapy at a later date, you are welcome to contact us, and we will be happy to discuss re-engagement in services.

**Client Acknowledgment/Signature**

**Therapist Acknowledgment:**

**Therapist Name: Laura Skinner, MS, LPC:** _____