

Case Note Standards Declaration Form

I \_\_\_\_\_\_\_\_\_\_\_\_\_ (Therapist name) have read and acknowledge the record keeping guidance outlined within the Integrated Treatment Service Handbook. I declare that I will hereby adhere to the standards outlined within the guidance.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_