

FINAL DISPOSITION OF THE MEDICAL RECORDS
BY WAY OF DESTRUCTION

I, _____ intend that my complete mental health medical chart, in the possession of Michael H. Foust, Ph.D. be destroyed when Dr. Foust's psychology practice closes due to his inability to practice as my psychologist.

It is also my express intention that no person, other than Dr. Foust, has my consent to read or otherwise extract any information from any record or data maintained, by Dr. Foust, about me in our patient-doctor relationship.

I understand that I may contact Practice-Legacy Programs LLC,¹ the company that will administer the closing of Dr. Foust's healthcare medical practice: www.Practice-Legacy.com 925-263-2835 or 760-908-3227, to ensure that my chart, and its contents, is destroyed in concert with my express intentions.

Dated: _____

Client's Signature: _____

Witness' Signature: _____

¹ California LLC [12/10/13], primary place of business: 324 S. Eagle Nest Lane, Danville, CA 94506