



**BEHAVIORAL  
CARE SOLUTIONS, LLC**  
39465 W. 14 Mile Rd.  
Novi, MI 48377  
248-859-3900  
Fax: 888-483-0118

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Dear BCS Clinician,

Please be advised that BCS is required to provide documented proof that BCS clinicians go through training in Abuse (identifying/prevention/reporting), HIPAA, and Elder Justice upon hire and annually.

Attached you will find BCS training on the above. By signing this document, you are attesting that you have reviewed the training materials and have had any questions related to this information answered sufficiently to ensure that as a BCS Clinician, you will abide by these policies. If you have any questions or need clarification on the attached, please do not hesitate to call me.

Please sign this document where indicated and return to me electronically.

Thank you in advance for your cooperation.

Deana Wooten

Director of Quality and Training.

I, \_\_\_\_\_, have reviewed and understand BCS's policies on Abuse (identifying/prevention/reporting), HIPAA, and Elder Justice Law and understand my responsibilities.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature