

Northern Illinois Counseling Associates, P.C.

14 Brink Street • Crystal Lake, IL 60014 • Tel: 815-455-6736 • Fax: 815-455-9477

RESCISSION OF DECLINATION OF MENTAL HEALTH BENEFIT

I, _____, rescind the **Declination of Mental Health Benefit**
[Print Full Legal Name]

entered into by me and signed on _____. Consonant with the original terms of the **Declination of Mental Health Benefit**, “It is understood that any written request for rescission of this document will apply to those NICA rendered services which are subsequent to but not prior to the date such rescission was postmarked by the U.S. Postal Service”.

This **RESCISSION OF DECLINATION OF MENTAL HEALTH BENEFIT** form will serve as an acceptable alternative to U.S. Postal Service mails (registered) notice to Northern Illinois Counseling Associates, P. C. (NICA) of my aforementioned request and shall be effective as of my signature and date written below:

[Signature]

[Effective Date of Rescission]

[Signature of NICA Representative]

[Today's Date]