(Date): Counseled this date concerning the following deficiencies: Your mental condition, not considered a disability, specifically; your mental health evaluation and admission to Naval Hospital Camp Lejeune, on _____ for an Adjustment Disorder and Schizoid Personality Disorder as identified by a staff psychiatrist/psychologist. Specific recommendations for corrective action are: Comply with the treatment plan and instructions as provided by health care providers, medical personnel, and psychiatrist/psychologist. Be responsible for your actions, exercise good judgment, your actions and behavior must comply in accordance with Marine Corps standards. Obey all rules, regulations, and orders under the UCMJ. Assistance is available through your chain of command, medical department representatives, and unit chaplain. Failure to take corrective action and any violation of the UCMJ may result in judicial or adverse administrative action, including but not limited to administrative separation. I was advised that within 5 working days after acknowledgment of this entry a written rebuttal could be submitted and that such a rebuttal will be filed on the document side of my service record. I choose to___/not to___ make such a statement.

_____ _____

Signature Date CO Signature Date