Susan Thompson, LSCSW

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CONSENT FORM

Client Name: ______________________________

Please read and initial after each.

Kansas law (KSA 65-6319) requires that I inform you of my level of training. Your initial below indicates that you understand the following: I am a Master's Level Social Worker (MSW) who is licensed by the State of Kansas. I am licensed to provide independent psychotherapy in private practice. Social Workers can diagnose and treat disorders listed in the current diagnostic manual (DSM-5). I cannot prescribe medication.

____
Your initial

Kansas law (KSA 65-6306) requires that " When a client has symptoms of a mental disorder, a Licensed Specialist Clinical Social Worker (LSCSW) can consult with client's primary care physician or psychiatrist to determine if there may be a medical condition or medication that may be causing or contributing to the client's symptoms of a mental disorder". **You have the right to agree with or decline this consultation with your doctor**.

____
Your initial

Optional
1. ______I agree to allow Susan Thompson, LSCSW to consult with my primary care physician or psychiatrist about my condition.

Physician Name ______________________________

Physician Address ______________________________

Physician Phone Number______________________________

______I consent to treatment using various therapy approaches that are within the scope of Susan's License and training and I can decline to participate in any therapy that I don't want to engage in.
Susan will explain risks and benefits of any therapy approaches so that I am informed of all that will happen and what is expected of me in the process.

______________________________ ____________________
Signature Date