

**Linda Divine, LCSW, LLC**

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Prairie Village, Kansas 66208

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(913) 341-3120

(913) 341-3121 (Fax)

**CONSENT FOR TREATMENT**

The undersigned patient or responsible party (parent, legal guardian or conservator) consents to and authorizes services by Linda Divine, LCSW. These services may include psychotherapy and other appropriate alternative therapies.

The undersigned understands that he/she has the right to:

1. be informed of and to participate in the selection of treatment services;
2. receive a copy of this consent;
3. withdraw this consent at any time; and
4. be referred to another professional, if requested.

If there is any inactivity for more than ninety (90) days, the file will be closed.

Patient Name (Please Print)

Patient Date of Birth

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Signature of Patient (or Responsible Party + Relationship)

Date

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Signature of Witness

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