

**Linda Divine, LSCSW, LLC
2605 Somerset Dr.
Leawood, KS 66206**

(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, LSCSW. These services may include psychotherapy and other appropriate alternative therapies.

The undersigned understands that he or 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 the 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's Name (please print)

Date of Birth

Patient's Signature (parent or guardian, if a minor)

Date

Signature of Witness

Date