

**Healing and Refuge Centre', LLC
E. LaMonica Williams, MSW, LCSW
250 N. Rock Rd. Suite 300F
Wichita, Ks 67206**

Client Name: _____

CONSENT FORM

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 (LCSW). Social Workers can diagnose and treat disorders listed in the current diagnostic manual (DSM-IV). I cannot prescribe medication.

Initials

Kansas law (KSA 65-6306) requires that "When a client has symptoms of a mental disorder, a Licensed Specialist Clinical Social Worker (LCSW) 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.** Please initial **only one** of the 2 choices below.

1. _____ **I agree** to allow E. LaMonica Williams, MSW, LCSW to consult with my primary care physician or psychiatrist about my condition

_____ **Physician Name**

_____ **Physician Address**

_____ **Physician Phone Number**

OR

2. _____ **I decline** to allow E. LaMonica Williams, MSW, LCSW to consult with my primary care physician or psychiatrist about my condition.

_____ **Date**