Glenda Baker Whitehead, *LCSW, LSCSW*
Independence Growth Centre, LLC
150 E. Kansas Avenue
Independence, Missouri 64050

CONSENT TO TREATMENT

****Please complete #1, initial 5a or 5b and #9, sign and date then indicate what phone number Glenda Baker Whitehead may leave messages on.**

1. I, _____ agree to the following conditions regarding my or my child's treatment.
2. I hereby consent to participate in necessary therapy or other procedures regarding my concerns with Glenda Baker Whitehead, LCSW, LSCSW. I understand that I participate on a voluntary basis and that I may terminate at any time I choose.
3. I understand that Glenda Baker Whitehead, LCSW, LSCSW is a licensed clinical social worker in the state of Missouri and Kansas and is not licensed to practice medicine.
4. I have had the billing practices of Glenda Baker Whitehead, LCSW, LSCSW explained to me to my satisfaction and understand that the fees for these services are $ 120.00 per session. I understand that I am responsible for payment of fees at the time of service. I also understand that if I do not cancel an appointment 24 hours in advance, I will be charged the full fee of $120.00 for the appointment.
5. a._____ I would like Glenda Baker Whitehead, LCSW, LSCSW to contact my primary care physician and inform him/her of my treatment needs and plans.
   Primary Care Physician name _____Phone_____
   Address _____
   b**.** _____ I do not wish to have Glenda Baker Whitehead, LCSW, LSCSW contact my primary care physician at this time.
6. I understand that all files are kept confidential in their use by Glenda Baker Whitehead, LCSW, LSCSW. My written consent is required for any release of information by my clinician to other persons or agencies except in cases involving court orders, child abuse, elder abuse, people with disabilities or other vulnerable adults, life threatening situations and national security issues.
7. No guarantees have been made to me about the outcomes of my treatment.
8. This consent to treatment expires one year from the day it was signed. Confidentiality agreement remains in place indefinitely.
9. _____ This form has been explained to me and I have been given an opportunity to ask questions regarding it.

_____ _____
Client signature Date

_____ _____
Parent signature Date

_____ _____
Glenda Baker Whitehead, LCSW, LSCSW Date

Telephone messages identifying Glenda Baker Whitehead may be left at the following phone numbers:

Name_____ Phone_____