

Life Counseling and Play Therapy

PROVIDER DISCLOSURE OF CREDENTIALS

Client Name: _____

My signature on this form indicates that the following information has been disclosed to me:

Name of Provider: Karla McDermott

Level of Education: Masters of Social Welfare

Licensure/Training: Licensed Specialist Clinical Social Worker, Registered Play Therapist

Please be advised that certain mental disorders can have medical or biological origins and that you should consult with your physician.

I understand that the above named provider is not authorized to practice medicine and cannot prescribe medications.

Patient Signature: _____ **Date:** _____