Libby Rooney Counseling, LLC 8575 W 110th Street, Ste. 225 Overland Park, KS 66210

Physician Consulting/Waiver Agreement

I understand that my therapist, Libby Rooney, a licensed professional counselor, is not a physician and cannot prescribe either medication or any form of medical treatment.

I understand that my therapist may find it necessary to refer to and consult with my physician(s). I further understand my therapist is requesting my specific permission to consult either by written and/or verbal communication with the medical professionals involved in my care, and it is my choice to agree or not to agree to give my therapist such permission as follows: I do agree my therapist may consult in written and/or verbal communication with my (our) physician(s). She may both give and receive information pertinent to my care and the care of any minor children listed on the signed Minor Consent Form. I do not wish for my therapist to contact my (our) physician(s) for consultation either by written or verbal communication. Please complete the following information if you have given authorization for therapist physician communication. Physician's Name Medical Facility Physician's Address Phone City State Zip Code

Date

Signature (self or parent/guardian)