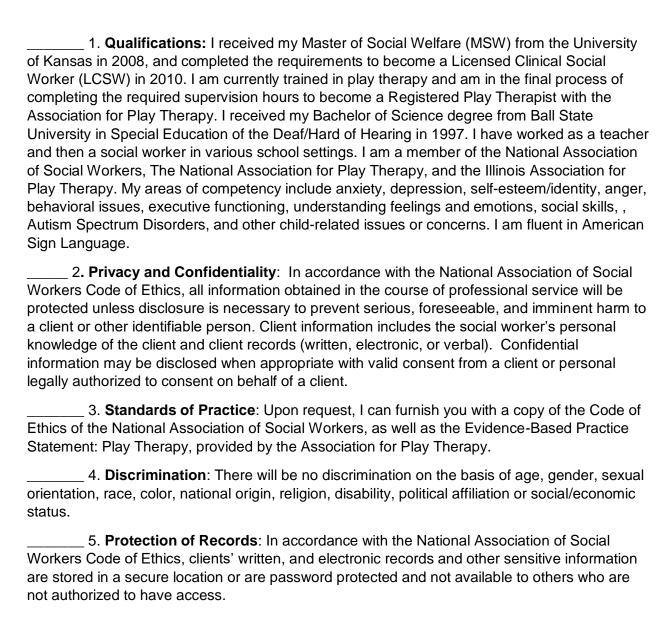


## Informed Consent

Welcome! Please review the following information and initial each line, indicating you have read and understand each statement.



6. Supervision/Consultation: Due to requirements of becoming a Therapist and in accordance with the National Association of Social Workers this social worker will receive regular monthly supervision regarding all case Supervision/consultation with other mental health professionals is both necessionals. Any identifying information will remain confidential.	s Code of Ethics, s.
<b>7. Mandated Reporter</b> I understand that Anne Drake, LCSW, is a n for the State of Illinois. This means that she is required by law to report any the child or family involving abuse or neglect.	
RISKS AND BENEFITS: There may be both risks and benefits associated therapy. Risks may include experiencing uncomfortable feelings, such as sanxiety, anger, frustration, loneliness and helplessness, because the process requires discussing the unpleasant aspects of your life. Therapy has also be many benefits including a significant reduction in feelings of distress, increase interpersonal relationships, greater personal awareness and insight, increase managing stress and resolutions to specific problems.	adness, guilt, ss of therapy often een shown to have sed satisfaction in
CONSENT: I give Anne Drake, LCSW permission to provide therapy service the limitations of therapy. My signature below indicates that I have read and Informed Consent.	
Signature	Date