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favorable conditions for growth

michael • gilman, licsw, acsw

2 church street • suite 4g • burlington • vermont • 05401 802 • 658 • 4888

CLIENT'S DISCLOSURE CONFIRMATION & INFORMED CONSENT

My signature acknowledges that I have been given the professional qualifications and experience of Michael Gilman, LICSW, ACSW, a listing of actions that constitutes unprofessional conduct according to Vermont statutes, and the method for making a consumer inquiry or filing a complaint with the Office of Professional Regulation.

My signature indicates that I am giving consent for Michael Gilman, LICSW, ACSW to treat me (us) and/or my minor child (or children) listed below.

Client Signature/Guardian

Date

Michael Gilman, LICSW

Date

Name of Child _____

Relationship to Child _____