



## **Eric Tivers, LCSW, MSSW**

*Licensed Clinical Social Worker • Certified School Social Worker*

*Lic# 149.01359*

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Mailing Address P.O. Box 1661 • Round Lake, IL 60073 • Tel 224.636.3742 • Fax 847.886.7251

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### **Permission to Provide Therapy**

I, \_\_\_\_\_, authorize Eric Tivers to provide Behavioral Psychotherapy treatment services to \_\_\_\_\_ with the intended goal of improving social, emotional, behavioral, cognitive, familial or other related difficulties.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
Date