

Marcie L. O'Neil, MSW, LISW-S  
10495 Montgomery Rd. Suite 28  
Cincinnati, Ohio 45242

By signing below, I agree and consent to the treatment of myself, my minor child or family member by Marcie O'Neil, MSW, LISW-S. I understand that I am consenting and agreeing only to those services that the Marcie O'Neil, MSW, LISW-S is qualified to provide within the scope of the provider's license, certification and training. If the patient is under the age of 18, I attest to the fact that I have legal custody of the child and am therefore legally permitted to initiate and consent for treatment.

Name (Please print): \_\_\_\_\_

Name, if patient is a minor (Please Print): \_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Notice of Privacy Practices

By signing I acknowledge that I have received/been offered the Notice of privacy practices of Marcie O'Neil, MSW, LISW-S for my minor child.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_