



Primary Therapist Form

I, _____ (counselor) confirm that I am familiar with the mental health care of _____ ("Client"), and agree to be Client's "primary therapist" for the purpose of therapeutic consultation before and after the intensive therapy session Client has proposed to participate in with the intensive facilitator Dr. Julie Lopez (the "intensive").

I further confirm that I am qualified to attest to Client's mental health status and that I practice within Client's local area and will be available to counsel Client after the intensive, in case there is a need for follow up care.

I understand that Dr. Julie Lopez is offering only a time limited intervention and not ongoing care or consultation, and therefore provides intensive therapy only to individuals with an ongoing relationship with a primary therapist. I further understand that Dr. Julie therefore will rely on my signature below as confirmation of the facts set out above in scheduling and participating in the intensive for Client.

Client has requested that I confer with Dr. Julie Lopez before the intensive and has provided me with a signed consent form to share information with Dr. Julie regarding Client that is necessary and/or relevant to the success of the intensive. I understand that our initial consultation will be by email through Dr. Julie's secure server with an additional telephone consultation if needed. The post-intensive consult will be within one week after the conclusion of the intensive. My contact information is as follows:

Email Address: _____

Phone: _____

Primary Therapist's Name: _____

Primary Therapist's License: _____

Signature of Primary Therapist

Date