

Linda Wackerman  
LICSW

Education

M.S.W.	Boston University	Boston, MA	1982
B.A.	University of Vermont	Burlington, VT	1977

Professional Licensure

Licensed Independent Social Worker		
State of Vermont #089-0072560		2010
State of Washington #LW 00006726		2001
Licensed Marriage and Family Therapist		
State of Washington #LF00001668		2001

Professional Memberships

National Association of Social Workers  
American Association of Marriage & Family Therapy  
International Academy of Eating Disorders

Specialties

Individual and Family Therapy  
Couples and Group Therapy  
Children, Adolescents, College Students  
Parenting Consultations  
Eating Disorders Treatment  
Women's and Relationship Issues  
Anxiety, Depression, Grief, Stress, Transitions, Trauma  
Supervision/Case Consultation

## DISCLOSURE OF INFORMATION

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In this packet is the following information:

1. Professional qualifications and experiences for Linda Wackerman, Licensed Independent, Clinical Social Worker.
2. A list of actions that constitute unprofessional conduct according to Vermont statutes.
3. The methods for making a consumer inquiry or filing a complaint with the Office of Professional Regulations.
4. Notice of Mental Health Policies and Practices to Protect the Privacy of Your Health Information.

My signature acknowledges that I have been given the professional qualifications and experiences of Linda Wackerman, L.I.C.S.W., a listing of actions that constitutes unprofessional conduct according to Vermont statutes, and the methods for making a consumer inquiry or filing a complain with the Office of Regulations.

My signature below acknowledges that I have received the “Notice of Mental Health Policies and Practices to Protect the Privacy of Your Health Information” from Water’s Edge Psychotherapy & Wellness Center.

Any questions that I have regarding this information have been asked and answered by my therapist.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date