

Karen K. Bardenstein, Ph. D.

Consent for Client Care

Name: _____

Date of birth: _____

I, _____, hereby give consent to Marilyn S. Berger, Ed.M., M.A., to provide mental health services and/or psychological assessment for me. I understand that Mrs. Berger is a Psychology Assistant working under the clinical supervision of Karen K. Bardenstein, Ph. D. I understand that all payments will be rendered to Dr. Bardenstein and that she is ultimately responsible for my care. I am aware that I have the right to request a meeting with Dr. Bardenstein to discuss my care.

Client

Date

Mrs. Marilyn Berger

Date

Dr. Karen Bardenstein

Date