

Karen K. Bardenstein, Ph. D.

Parental consent for Child's Care

Name: _____

Date of birth: _____

I, _____, hereby give consent to Marilyn S. Berger, Ed.M., M.A., to provide mental health services and/or psychoeducational evaluation to my above named child. 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 child's care. I am aware that I have the right to request a meeting with Dr. Bardenstein to discuss my child's care.

Parent

Date

Mrs. Marilyn Berger

Date

Dr. Karen Bardenstein

Date