

# Dr. Bergin Family Counseling Services



## INFORMED CONSENT FOR TREATMENT AND/OR EVALUATION

Please read the following carefully. Sign below before beginning treatment or testing. The Information Packet INFORMS you about your treatment and testing. When you sign this form you indicate that you have received and studied the Packet and that you are therefore INFORMED. Signing this form also means you give CONSENT to the terms described in the Packet; that means you agree to live by these terms, and you agree to be treated and/or tested.

I, (PRINT YOUR NAME) \_\_\_\_\_

- as the patient
- as the legal guardian for (PRINT PATIENT'S NAME) \_\_\_\_\_  
(PLEASE ENTER PATIENT'S DATE OF BIRTH) \_\_\_\_/\_\_\_\_/\_\_\_\_

agree to participate in any necessary psychological and or/psychiatric evaluation and treatment provided by Dr. Bergin Family Counseling Services, which may include crisis interventions, assessments, individual counseling, family counseling, group counseling, parenting skills training, and/or referral for hospitalization, if necessary.

I understand that Dr. Bergin, LMFT is a licensed Marriage and Family Therapist. I am meeting with Dr. Bergin for the purpose of counseling, psychotherapy and/or testing.

I have studied and understand Dr. Bergin's Information Packet. She has given me a copy of this Packet for my permanent records. I agree to terms set forth in the section entitled "Guidelines and Policies".

### Statement of Consent

I hereby give permission to Dr. Bergin, LMFT to conduct treatment and/or evaluation of me or the patient. I give permission for treatment and/or evaluation with the full understanding of the ways and reasons that information about me could be released to others by Dr. Bergin. I understand that any release of information will be done subject to California law and to policies regarding privileged information as they are set forth in the Information Packet.

I have read the above and fully understand its contents in its entirety. I also understand that I have received a blank draft of this form, for my records, in the Information Packet.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Dr. Bergin \_\_\_\_\_

Date \_\_\_\_\_