

Kelly Bernstein, MS, LCDC, LPC
Alamo Heights Forensic and Individual Therapy
1600 North East Loop 410, Suite 112
San Antonio, Texas 78209
Office: (210) 265-1952 Fax: (210) 267-1653

**Informed Consent for Treatment/Assessment
Signature Form**

This form is to document that I, _____, have read the detailed informed consent document provided (see attachment) and give my permission and consent to Kelly Bernstein, MS, LCDC, LPC to provide psychotherapeutic treatment and/or assessment to me and/or _____ who is/are my (spouse/child/children) _____.

While I expect benefits from this treatment/assessment process, I fully understand that because of factors beyond our control or other factors, outcomes cannot be guaranteed (as detailed in the attached).

I understand this treatment/assessment process may involve discussing relationships, psychological, and/or emotional issues that may at times be distressing. However, I understand that this process is intended to help me, either personally and with relationships or in the forensic realm. I am aware of alternative treatments available to me.

Ms. Bernstein has answered all of my questions about treatment/forensic assessment satisfactorily. If I have additional questions, I understand that she will either answer them or attempt to find answers for me. I understand that I may leave therapy at any time, although I have been informed that this is best accomplished in consultation with Ms. Bernstein. I also understand that if I am involved in a forensic evaluation, I may not have the liberty of discontinuing the assessment process without the Court's approval.

I have read and understand the above information. By signing below, I agree to allow my picture and that of the children to be taken for the files.

Client/Responsible Party

Date