

THE BERKELEY THERAPY INSTITUTE
1749 MARTIN LUTHER KING, JR. WAY
BERKELEY, CALIFORNIA 94709

TELEPHONE (510) 841-8484

FACSIMILE (510) 540-1707

CONSENT FOR TREATMENT FORM

Client Name: _____

Parent/Guardian: (If Applicable): _____

Clinician: ___ Brian S. Sedgeley, MA, PSB36874 _____

Thank you for choosing the Berkeley Therapy Institute. The guidelines listed below will maximize the benefits of your treatment. By signing this form, you acknowledge receipt and understanding of these guidelines and consent to receive treatment at the Berkeley Therapy Institute.

What you can expect:

Your clinician will discuss the potential benefits and limitations of therapy with you.

Your clinician will establish clear goals for therapy and will review these goals with you regularly.

Your clinician will maintain your confidentiality to the fullest extent of the law. Your clinician will discuss with you any limits to confidentiality.

Your clinician will begin and end your therapy appointment on time.

In the event that an appointment needs to be cancelled or rescheduled, your clinician will provide you with the most possible notice.

Your clinician, or another Berkeley Therapy Institute employee will explain our fees. In the event that fees increase, you will be given 30 days notice of the change.

What we expect:

Timely attendance at all scheduled appointments.

Prompt payment for services and prompt response to requests for information necessary to bill a third party.

At least 48 hours notice for any cancellation or reschedule. Fewer than 48 hours notice may result in a charge for the session.¹

Consistent engagement in the therapeutic process.

I hereby acknowledge receipt and understanding of these guidelines and agree to enter into treatment with the Berkeley Therapy Institute. I further understand that I may revoke this consent at any time.

Client/Parent/Guardian Signature

Date

Relationship to Client

¹ In accordance with California regulation, Medi-Cal clients are not charged for missed appointments.