

Telephone: (951) 684-6684
Email: admin@drbergin.net

Fax: (951) 684-7503



Mailing Address: 17130 Van Buren Blvd. #341 Riverside, CA 92504

Physical Address: 5033 Arlington Ave., Suite A, Riverside, CA 92504

GUIDELINES & POLICY PROCEDURE

These pages contain information you will find useful. This information will enable you to receive the greatest benefit from your treatment and describes the rules for our relationship. Please read it carefully and discuss any concerns you have.

New clients will need to sign the “informed consent for treatment” form before treatment can begin.

1. HOW ARE APPOINTMENTS STRUCTURED?

Usually, the length of sessions may be either 45 or 55 minutes. Dr. Bergin Family Counseling Services therapist will give you his/her undivided attention during your time. The best time for payment of fees and any other business/paperwork is when you first arrive. In this way you can end your session focused on what you learned. The office staff will handle paperwork and payments. It is your advantage to have your check prepared in advance so that no later billing is required. If you arrive late for your appointment, regrettably, the time cannot be made up (in most cases).

2. WHAT HAPPENS IF I DON'T KEEP MY APPOINTMENT?

When you schedule an appointment, the time is reserved for you. You have agreed to pay for the time in exchange for the convenience of Dr. Bergin Family Counseling Services saving it on your behalf. As a general rule, YOU are expected to pay for sessions that are missed or not canceled with adequate notice.

Dr. Bergin Family Counseling Services understands that occasionally circumstances may arise which prevents clients from attending a session. Therefore, Dr. Bergin Family Counseling Services offers options under which you will not be expected to pay for an appointment if you could not attend.

There are two exceptions to the “pay for missed appointment” policy:

A. Adequate Notice

If you reschedule your appointment at least 24 hours before your appointment time, there is no charge for the missed appointment.

B. Emergencies

An emergency is an unexpected event that makes it impossible or inappropriate for you to come to the appointment and impossible or inappropriate for you to conduct your appointment as a Phone Session during the appointed time (see “Phone Sessions” below). You must call to notify Dr. Bergin Family Counseling Services of the emergency within 24 hours before, during or within 2 hours after the appointment time, they occur infrequently, and they never become a pattern.

There is an option from which to choose if the missed appointment does not fit one of the exceptions to the “pay for missed appointments” policy listed above:

Phone Session

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We may restructure your appointment and conduct your session, at the appointed time over the phone. This is common, for example, with clients who travel on business, when family members become ill, when cars break down, and when baby sitters don't show up (Insurance companies do not usually pay for this option). Call Dr. Bergin Family Counseling Services at the time your appointment is scheduled to begin. Leave a message giving the telephone number Dr. Bergin Family Counseling Services should call to reach you for the session. In cases of a long distance call, Dr. Bergin Family Counseling Services will call collect.

Please keep in mind that insurance companies do not pay benefits for missed appointments, so patient's who miss appointments are responsible for the entire fee.

Also, please understand that if you choose not to honor this policy, Dr. Bergin Family Counseling Services will be unable to reserve time for you in the future.

3. HOW ARE FEES PAID?

It is customary for clients to pay the full fee or co-pay when services are provided, even when medical insurance will pay some portion of the fee. This is especially true on the first meeting. For your convenience Dr. Bergin Family Counseling Services accepts Checks, Money Order, VISA and Master Cards and American Express.

Dr. Bergin Family Counseling Services and staff are happy to assist you in all aspects of insurance claims processing. Dr. Bergin Family Counseling Services is a preferred provider for several insurance companies. **If you wish to use your insurance, you must inform us of this fact at your first appointment.** If you do not do so, you will be personally responsible for full payment. If at any later point you decide to use your insurance, Dr. Bergin Family Counseling Services will be happy to accommodate you from then on. You cannot, however, make that change in your agreement with Dr. Bergin Family Counseling Services retroactive. If you do not have insurance when you begin treatment, but later begin to receive insurance coverage, give Dr. Bergin Family Counseling Services that information at once. Dr. Bergin Family Counseling Services will then be able to treat you under the contracted fee policies of your coverage.

4. WHAT IF A FINANCIAL HARDHIP DEVELOPS?

If you find that Dr. Bergin Family Counseling Services fees create a financial hardship, please discuss this with Katie Garcia, Financial Director, to explore options. Usually you can reach an arrangement that permits your treatment to continue. Otherwise, your clinician will refer you to another professional with lower fees.

5. EMERGENCIES and ROUTINE PHONE CONSULTATION

Dr. Bergin Family Counseling Services is available to assist you by phone, when necessary, at no extra charge. This free service is offered for occasional calls, and it is requested that you limit such calls to 5 minutes. If you need more time, please schedule a separate session. Clients will be asked to pay for excessive time or frequent calls. Dr. Bergin Family Counseling Services prefers conversations between 9:00 AM and 7:00 PM Monday through Friday. In emergencies your therapist is available 24 hours a day or an associate is on call.

For routine business and non-emergency matters, please call the office during normal business hours from 9:00 AM to 5:00 PM Monday through Friday.

6. CONFIDENTIALITY

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Is What We Talk About Confidential?

What you discuss with Dr. Bergin Family Counseling Services is private. Except as required by law, your therapist will not tell anyone else about you unless you give him/her written permission to do so. This is called "privileged communication".

What About When Couples Are In Treatment?

The privilege of keeping information confidential extends to everyone in session. If a husband and wife are in treatment together and at a later time the wife (for example) wants information released about the session, the husband has the right to object and not allow the disclosure. The exceptions are in cases of required reporting and court orders.

Are There Times When Information Is Not Confidential?

There are exceptions to your privilege to keep information about you confidential. Times when your records or information about you must be released fall under the following situations:

A. Court Order or Government Requirement

If a Judge orders Dr. Bergin Family Counseling Services to release information or testify, your therapist must do so. This is rare. If you are pursuing a Workers Compensation case, your personal health information will be required.

B. Required Reporting

Therapists are mandated by California law to report any suspected abuse (sexual, physical, emotional, exploitation, or neglect) of children or dependent adults. Therapists are also mandated by law to notify both the police and any intended victims regarding threats of physical harm. Dr. Bergin Family Counseling Services will abide by these legal requirements, and no "release of information" is required for your therapist to act. Should this occur, your therapist will also provide counseling and psychotherapeutic assistance to his/her clients and their families throughout any necessary procedures.

C. Other Health Care Professionals

In order to make sure your overall health care is complete, Dr. Bergin Family Counseling Services has legal permission to talk with and send summary reports to your medical doctor and other health care providers.

D. Collection of Bad Accounts

In the event that Dr. Bergin Family Counseling Services must turn an unpaid account over to a collection agency, Dr. Bergin Family Counseling Services reports client and responsible party names, address, phone numbers, social security number, name of employer, and account information. No clinical information is revealed. California law permits this disclosure.

Are There Times When Patients Want Information Disclosed?

Yes. Except for the "exceptions to privilege" noted above, you have the power of deciding when and to whom information is released. In such cases, you will be asked to sign an "information Release" form.

A. Your Insurance Company

In order to receive payment from your insurance company, Dr. Bergin Family Counseling Services may be required to provide your personal health information to that company as described in your coverage. You agree to this when

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you decide to have your treatment covered by your insurance. If you do not wish to have your personal health information disclosed to them, you may pay for your own treatment without using your insurance.

B. Legal Situation

Clients are sometimes involved with legal processes associated with events like personal injuries, Workers Compensation, custody disputes, or damages resulting from another person's conduct. Dr. Bergin Family Counseling Services records and comments are sometimes wanted by lawyers and judges in order to determine facts in a case.

Remember you have the right to prohibit such disclosures, unless one of the exceptions to your confidentiality privilege applies (they are: Court Order or Government Requirement, Required Reporting, Collections). If you want such disclosures to be made, you will be asked to authorize them in writing. The following information is provided so that you can decide what is in your best interest.

The treatment and evaluation process includes everything you discuss with Dr. Bergin Family Counseling Services, any written information that you provide, findings from psychological tests, and information obtained from other sources. Any and all of this information may appear in Dr. Bergin Family Counseling Services records, reports, and testimony in the event of legal process. Dr. Bergin Family Counseling Services has no control over how other people will use such information. Your therapist's psychotherapy notes will be stored separately, and have a higher level of confidentiality. If your therapist testifies in regard to your treatment and/or testing, he/she may report information and opinions not included in his/her records or reports. Dr. Bergin Family Counseling Services records, reports, and testimony may influence the outcome of legal processes in which you are now involved or in which you may be involved in the future.

When you sign the informed consent of treatment and/or evaluation, you agree not to hold Dr. Bergin Family Counseling Services responsible for the consequences of information your therapist releases according to the terms above. You agree not to hold your therapist responsible for the outcome of any legal process in which you become involved, whether his/her records, reports, and testimony support or argue against your position.

Under certain situations, Dr. Bergin Family Counseling Services may send copies of reports to other doctors, attorneys, or the courts. Even your employer and or employer's Worker's Compensation insurance carrier get reports in cases of Worker's Compensation related treatment. In such cases, Dr. Bergin Family Counseling Services records, reports, and testimony will be read by many people and become part of the public record. Dr. Bergin Family Counseling Services will not release records or testify without your consent, unless one of the exceptions listed above applies.

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ACKNOWLEDGEMENT OF RECEIPT OF GUIDELINES & POLICY PROCEDURE

I, _____, understood and have been provided a copy of Dr. Bergin's Guidelines & Policy Procedure document, which provides and detailed description of the guidelines regarding client sessions with Dr. Bergin. I understand that I have the right to review this document before signing this acknowledgement form.

Patient's Printed Name: _____ Date: _____

Patient's Signature: _____ Date: _____

Parent/Legal Guardian's Printed Name: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Therapist's Printed Name: _____ Date: _____

Therapist's Signature: _____ Date: _____