

Dr. Bergin *Family Counseling Services*



CONFIDENTIALITY STATEMENT

All clinical information and records shared by you with Dr. Bergin and obtained in the course of treatment shall remain confidential and will not be released except as required by California law under the following conditions:

- a) If there is reasonable cause to believe that you are in such mental emotional condition as to be dangerous to yourself, or to the person or property of another;
- b) If you reveal an act of abuse against a child or an elderly person; or
- c) If you sign a written release of information allowing for specific information to be provided to or be exchanged with professionals or others regarding your treatment.

I acknowledge that I have read and understand the above information.

Client's Printed Name: _____

Client's Signature: _____ Date: _____

Dr. Bergin's Signature: _____ Date: _____