



Licensed Marriage & Family Therapist, EMDR & TRM Certified, PACT Trained

C. Nathan Bergeron, LMFT (MFC 50298), L.Ac. (AC 8941)

Voice Dialogue Facilitator & Teacher, Licensed Acupuncturist & Herbalist

C. Nathan Bergeron, LMFT, L.Ac.
1913 N. Las Palmas Ave.
Hollywood, CA 90068

email: nathan@cnathanbergeron.com
h/o: 323.850.6508
c: 323.377.7794
fax: 323.850.6548

ACUPUNCTURE INFORMED CONSENT

Confidentiality of Patients Records:

Unless authorized by client, or compelled by Law, all information about client gathered by the practitioner is subject to the doctor/ therapist client privilege and remains confidential. The most frequent waiver of such confidentiality regards Health Insurance Coverage. In most instances where a client uses his Health Insurance Coverage, he/she waives certain aspects of his/her confidential information. This office safeguards the confidentiality of its records against loss, tampering, or use by unauthorized people.

Cancellations: If you are be unable to keep a scheduled appointment, please provide 24-hour notice. "NO SHOWS" OR CANCELLATIONS WITH LESS THAN 24 HOUR NOTICE WILL BE CHARGED THE FULL FEE.

Missed Appointments After three (3) missed appointments without a phone call, this office reserve the right to remove a client form its schedule. We will advise the client of the procedure taken. If a client calls to reschedule an appointment more than three (3) times, we reserve the right to discuss reasons for rescheduling, and status of condition, to determine whether it is in the best interest of both parties to continue to be rescheduled. If such a pattern continues the client will be removed from the schedule, and informed by a phone call.

I understand and accept the guidelines and policies contained in this informed consent. I hereby consent to treatment under the above stated conditions.

Patient Name (print please)

Patient Signature

Date

C. Nathan Bergeron, LMFT, L.Ac, (AC 8941)

Date