

Beth Creager Berger, Ph.D. PSY 18818

4225 Executive Square, Suite 600, La Jolla, CA 92037

Phone: (858) 442-2421

www.drberthberger.com

Internet Therapy & Communications Consent Form

I am choosing to participate in therapy sessions with Beth Creager Berger, Ph.D. via the internet, using a HIPAA compliant video conferencing program. I understand the following limitations and conditions of internet-based video therapy sessions:

- Any internet-based communication is not 100% guaranteed to be secure/confidential, even when using software that is represented as confidential and HIPAA-compliant. I agree that Beth Creager Berger, Ph.D. will be held harmless from any and all consequences if any outside party gains access to our confidential conversations.
- During internet-based conversations, confidentiality should be treated just like an in office session, by using a private room or space where we will not be overheard or interrupted. I agree to inform Beth Creager Berger, Ph.D. immediately, if any third party is present, whether in the room or remotely (e.g. over speaker phone, three-way calling, etc.). I am responsible for making sure that I am in a private area where disruptions (e.g., others coming into the room or hearing what I say in another room) are minimized as much as possible. In the event of group sessions conducted via video, it is possible that my confidentiality could be breached if others in the group are not in a confidential setting.
- Technical problems can occur using web-based services. If a session or call is disrupted, your therapist will attempt calling back for at least ten minutes. If reconnection cannot occur, the session will be rescheduled as soon as possible.
- I agree never to audiotape or videotape or otherwise store content from our sessions, or to share such data with any third party without the knowledge and consent of Beth Creager Berger to such storage and/or sharing.

Consent to use Doxy.me

Doxy.me is the technology service we will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Doxy.me is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through Doxy.me, Doxy.me does not provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.

3. Doxy.me facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.
4. I do not assume that my provider has access to any or all of the technical information in the Doxy.me service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Doxy.me
5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

I understand these limitations of conducting therapy through videoconferencing, choose to participate in this modality of psychotherapy and agree to be responsible for the professional service fees incurred.

Signature of client/ Date

Signature of parent or guardian if client is a minor/Date.