



Consent for Internet Communications

First Name

Last Name

MI

Today's Date

I grant permission for this practice to upload and store confidential information – including account, appointments and clinical notes – to their secured database. I understand that, for security purposes, this site requires a user ID and password for access and usage and that information is only available to Dr. Alex Bekker and employees of this practice.

I also grant permission to receive emails from this practice confirming phone and/or video assessments, follow-ups and office appointments and to receive text (SMS messages) and/or voicemails to remind me of upcoming appointments.

If I choose video assessments and follow-ups (using Skype) I understand that the audio will be recorded and made part of my permanent record. I am responsible for ensuring confidentiality on my end of the Skype session. This same recording and safeguards apply to phone conversations.

I understand that it is my responsibility to ensure that this practice is kept informed of any changes made to my email address, home phone or mobile phone needed for this communication to help ensure proper delivery and confidentiality.

I also understand that State and Federal laws as well as ethical and licensure requirements impose obligations with respect to patient confidentiality that limit the ability to make use of certain services or to transmit certain information to third parties. I understand that this practice will represent and warrant that they will, at all times during the terms of this Agreement and thereafter, comply with all laws directly or indirectly applicable that may now or hereafter govern the gathering, use, transmission, processing, receipt, reporting, disclosure, maintenance and storage of my information and use their best efforts to cause all persons or entities under their direction or control to comply with such laws.

I agree that this practice has the right to monitor, retrieve, store, upload and use my information in connection with the operation of such services and is acting on my behalf in uploading my patient information. I understand that this practice will use commercially reasonable efforts to maintain the confidentiality of all patient information that is uploaded to the database on my behalf.

I have read the information above and consent to these guidelines.

Patient signature