

Marjorie F. Milstein, LCSW

LCS6768 ■ (619) 543-1133 office ■ (619) 543-0711 fax
www.marjoriemilsteinlcsw.com

**Notice of Privacy Limitations for Telehealth and Internet-Based
Electronic E-Mail Billing**

I, _____, have requested that my therapist, Marjorie Milstein, LCSW, conduct psychotherapy with me using the telephone or Internet-based programs. Regarding use of the Internet, I am aware that my therapist, Marjorie Milstein, cannot completely protect our confidential exchanges, and that should Facetime be used it is not HIPAA compliant. Marjorie Milstein's Zoom and Doxy accounts are HIPAA compliant. I am also aware that as with all communication on the Internet, our communication may be vulnerable to hackers or subject to record-keeping by the administrative operators of these communication vehicles.

I understand that there are risks to my confidentiality here, but regardless of this I wish to have Marjorie Milstein engage with me in teletherapy or psychotherapy via the Internet programs mentioned above. Marjorie Milstein promises to take reasonable precautions when using these devices in my treatment, such as working within a secured network, although as with cell and cordless phones, privacy cannot be guaranteed.

By signing this I waive my right to bring any legal action against Marjorie Milstein for psychotherapeutic work that utilizes electronic devices.

Name _____

Signature _____ Date _____

Addendum: Please check one below

- I agree to have my billing statements sent electronically by e-mail although e-mail exchanges may be subject to intrusion by hackers.

- I prefer to have my billing statements sent by USPS.