

**Nikki Saltzburg, Ph.D.**  
Licensed Psychologist  
Independent Practitioner

---

**Required Form for Online Therapy**

**Confidentiality Policy in Emergencies**

Given we will not be meeting in person, it is important that I know your location so I am able to get you help should a medical or psychological emergency arise. Please share the location from which you will be conducting our sessions.

**Physical Location of Client Receiving Services:**

---

---

---

---

Your signature below confirms that you agree to share your location with me prior to or at the beginning of your session should it be different from the location listed above.

---

Please provide me with two emergency contacts just in case you need emotional assistance that doesn't meet the criteria of needing to be hospitalized. Please name two emergency contacts, their relationship to you, their phone numbers, and email address. By signing below, you agree that I may, but am not required to, contact either of these people if I am concerned for your safety. In the case that I have dire concerns for your safety, I will do all that I can to protect you, including calling 911 or other emergency responders.

_____	Name, Relationship
_____	Phone number, Email
_____	Name, Relationship
_____	Phone number, Email

**International Clients (complete if applicable)**

Please ensure that your emergency contacts speak both English and the native language of the country you are living in so that I am able to get help to you.

Please also list below major country contacts I may need to get help to you (e.g. medical transportation process/contact information; mental health resources you or I could use in case of emergency, etc.).

Please provide context about each.

---

---

**Methods of communication**

Reminders sent via text or email, paying invoices via email, or sharing information electronically can sometimes be helpful and convenient for clients. Given the limitations of security for electronic communication, I would like to know which of the following you are comfortable with. **Please sign next to each that you are comfortable using for administrative issues like scheduling, invoicing and collecting paperwork if not submitted through my client portal.**

- \_\_\_\_\_ Email
- \_\_\_\_\_ Cellular Phone
- \_\_\_\_\_ Text via Cellular Phone above
- \_\_\_\_\_ Voicemail via Cellular Phone above
- \_\_\_\_\_ Other methods. Please list. \_\_\_\_\_

Please list your preferred email and phone number:

- \_\_\_\_\_ Email
- \_\_\_\_\_ Phone Number

Be aware that basic demographic details like your name, email, and location are considered Protected Health Information (PHI) as is anything clinical in nature like your diagnosis or clinical material. **Please initial next to each item you consent to.**

I consent to allow Dr. Saltzburg to use unsecured email, cell/VoIP phone text messaging, calls, faxes, or voicemail to transmit to me the following protected health information:

- \_\_\_\_ Information related to the scheduling of meetings or other appointments
- \_\_\_\_ Information related to billing and payment
- \_\_\_\_ Information that is clinical in nature (e.g. treatment summaries, diagnosis)

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

\_\_\_\_\_ Signature

Are there limitations about what you would want me to share via text, email, voicemail, etc.? Please share below. I want to ensure we are on the same page!

---



---



---



---



---



---



---