

# Kari Berquist, Ph.D., BCBA-D

1030 Curtis St. Ste 203, Menlo Park, CA 94025

Psychology License #: PSY 24441

Phone: 650-701-3022

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## ELECTRONIC PAYMENT COMMUNICATIONS DISCLOSURE

Client/Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

If you wish, you may pay fees electronically – through funds transfer or using a payment card -- using any of the following services:

**Google Pay (info@kariberquist.com)**

**Zelle Pay (info@kariberquist.com)**

**Venmo (@kari-berquist)**

***Please Be Aware of the Following:***

I have a duty to uphold your confidentiality, and thus I wish to make sure that your use of the above payment services are done as securely and privately as possible. For example, Venmo is a social media app that posts transactions on your venmo “wall”; however you have control over what transactions are private by going to your privacy & sharing settings.

After using any of the above services to pay your fees, that service may send you receipts for payment by email or text message. These receipts will include my name, and could indicate that you have paid for a therapy session.

It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt. We are unable to control this in many cases, and we may not be able to control which email address or phone number your receipt is sent to.

So before using one of the above services to pay for your session(s), please think about these questions:

1. At which email address or phone numbers have I received these kinds of receipt before?
2. Are any of those addresses or phone numbers provided by my employer or school?
3. If so, the employer or school will most likely be able to view the receipts that are sent to you.
4. Are there any other parties with access to these addresses or phone numbers that should not be seeing these receipts? Would there be any danger if such a person discovered them?
5. In addition to these possible emails or text messages, payments made by debit or credit card will appear on your debit or credit card statement as being made to Kari Berquist as it appears on credit card statements. Please consider who might have access to your statements before making payments by credit card.

## Health Savings Accounts and Flexible Spending Accounts

If you are using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment card, please be aware that even if your payment goes through and is authorized at the time the service runs your card, there is a possibility that your payment could later be denied. In the event of this happening, you are responsible for ensuring that full payment is made by other means.

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 authorization at any time.

\_\_\_\_\_  
Printed name of legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of legal guardian

\_\_\_\_\_  
Relationship to client