

***Dave Berger, MFT, PT, SEP, MA***

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Informed Consent for therapy, including Somatic Experiencing® Sessions,  
via VideoConference/Phone

The following is intended to inform you about the possible benefits and limitations of therapy, including Somatic Experiencing® (SE) via Videoconference/phone sessions with Dave Berger.

I understand that if I live in a state other than NH, he is unable to provide psychotherapy sessions. However, he can teach me practices and techniques to help me develop greater self-regulation of emotional, bodily, and relational aspects of my life. This is not intended to replace psychotherapy with a licensed professional in my state who would be better equipped to handle crisis or emergency situations given their closer proximity to me. Therefore, it is recommended that I see a professional in my immediate area for counseling should I need support in addition to the SE work we do.

When using telephone or Videoconference, I understand that the information shared by myself or Dave cannot be guaranteed to be confidential (as it would be sitting in an office setting). This is because phone lines and Internet connections are sometimes vulnerable to being picked up by outside sources. I understand that there can be no full guarantee of full confidentiality if I partake in therapy via phone or Videoconference with Dave. I also understand that technology sometimes fails and there may be misattunements or misunderstanding due to its failure.

By signing below, I acknowledge I have read and agree to the above information. I am aware that I may stop receiving therapy via phone/Videoconference at any time should I feel it is no longer serving my needs and that Dave will, when possible, help me with referrals to other professionals should I so desire.

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Signature

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Date