

CONSENT FOR GROUPS OR FAMILY SESSIONS CONDUCTED VIA TELEHEALTH OR TELEPHONE

In order to minimize the spread of COVID-19, DMH is temporarily using telehealth (interactive audio and video telecommunication) and telephone to continue to provide group and family sessions to our clients. The purpose of this consent is to provide the client with information that is important for him/her to consider when deciding whether to participate in group or family sessions by means of telehealth or telephone.

Put your initials next to each element to confirm that you have discussed with the client:

_____ Group and/or family sessions will be conducted using approved secure platforms, but there is no way to guarantee that this software is completely failure-proof. As with any technology, there is a chance that information may be shared that would affect the privacy of your personal information.

_____ Since you will be participating in sessions in a remote location, we cannot guarantee your privacy. To strengthen privacy and confidentiality controls for yourself and other group/family members, we request that you:

- Are in a private area with no others in the room with you and where disruptions (e.g., others coming into the room or hearing what you say in another room) are minimized as much as possible
- Use headphones to limit the possibility of other people overhearing confidential information
- Refrain from using last names of other group/family members

_____ All existing confidentiality rules for group and family sessions apply. However, given that other clients or family members will also be participating from a remote location, it is possible that your confidentiality could not be maintained if other members are not in a private area.

_____ These sessions will not be recorded by us (DMH). You are also not to use any recording software during the sessions.

_____ You have the right to withhold or withdraw your consent to participate in group/family sessions via telehealth or telephone at any time during the course of your care and it will not affect your right to other care/treatment.

Client understands the above advisements and has verbally consented to accept Group/Family Sessions via Telehealth and Telephone but is not signing this Consent due to procedures in place in response to the COVID-19 public health crisis.

This Consent was interpreted in _____ for the client and/or responsible adult.

Signature of Practitioner Obtaining Consent

Date

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.

Name: _____ **DMH #:** _____
Agency: _____ **Prov. #:** _____
Los Angeles County – Department of Mental Health