Los Angeles County Department of Mental Health
Consent for Services

Services
The Los Angeles County Department of Mental Health (LACDMH) provides **Specialty Mental Health Services** (SMHS) for people who have mental illness or emotional problems that require treatment by a specialist. These illnesses or problems are severe enough that they get in the way of a person's ability to carry on with their daily activities. SMHS may include psychological testing, psychotherapy/counseling, rehabilitation services, medication, case management, laboratory tests, diagnostic procedures, and other appropriate services. For more information about these services, please refer to the **County of Los Angeles Beneficiary Handbook for Specialty Mental Health Services**: https://dmh.lacounty.gov/our-services/patients-rights/. You may request a copy of this Handbook at any time.

All SMHS provided to a client within the LACDMH system will be coordinated by staff of a single agency. Services may be delivered at different locations if this will benefit the client's treatment. To find LACDMH directly operated and contracted provider sites throughout Los Angeles County, please refer to **LACDMH's Provider Directory**: https://dmh.lacounty.gov/pd/.

Service Delivery
When providing SMHS, LACDMH utilizes **Telehealth**, **Telephone**, **Secure Text Messaging**, and **Secure Email** to best meet the needs of our clients. Telehealth (with visual and audio communication) and Telephone (with audio communication only) are ways in which staff can provide better access to our covered services in addition to communicating with our clients. By using telehealth or telephone, clients will be able to talk with mental health staff and participate in mental health services from their local setting. Secure Text Messaging and Secure Email are additional ways in which our staff can quickly and efficiently communicate with clients regarding their services. Secure Texts will be sent via an LACDMH-approved application, and the information shared by Secure Text will be limited to appointment and treatment reminders. Staff will not use Secure Text for diagnostic or therapy purposes. It is important for clients to keep their mental health provider(s) informed of their current contact information should it change at any time. For more information about Telehealth, Telephone, Secure Text Messaging, and Secure Email, refer to the Frequently Asked Questions page below.

Clients have the right to access any covered services that can be delivered via telehealth or telephone through an in-person visit if they so choose. Medi-Cal coverage includes the availability of transportation services to in-person visits when other available resources have been reasonably exhausted. To access information about obtaining transportation, talk to your Managed Care Plan's Member Services Department or go to: https://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx.

Minor's Ability to Consent
For minors (e.g., clients under 18 years of age), typically their legal guardian(s) consent for services on their child's behalf. However, there are situations in which minors (12 years of age and older) may qualify to consent for their own services. If it is determined to be clinically appropriate, a practitioner will complete the **Consent for Minor** section to certify that the minor is mature enough to participate in, and consent for, services. A minor may not consent to psychotropic medication. In addition to consenting for their own SMHS, if a minor wants to separate from their legal guardian's Medi-Cal to establish their own (which may result in their legal guardians being unaware of their treatment), they will have to work with the Department of Public Social Services (DPSS) to enroll in **Minor Consent Medi-Cal** or **Sensitive Services**. For more information about this program, go to: https://dpss.lacounty.gov/en/health/teens.html.

LACDMH Consent for Services

Advance Health Care Directives for Adult Beneficiaries
All Medi-Cal beneficiaries 18 years of age and older have the right to make decisions about their medical treatment unless they are conserved, or a third party has been granted the ability to make their health care decisions. An **Advance Health Care Directive** is a legal document that allows an individual to state in advance their wishes should they become unable to make healthcare decisions in the future. All Advance Health Care Directive information will be maintained in a client's clinical record. For more information about Advance Health Care Directives and how to execute one, refer to the Frequently Asked Questions below.

Open Payments database
The federal Physician Payments Sunshine Act requires that detailed information about payments worth over ten dollars ($10) to physicians from manufacturers of drugs, medical devices, and biologics be made available to the public. The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. The Open Payments database can be found at http://openpaymentsdata.cms.gov.

Clinical Practice Guidelines
The Department of Mental Health develops and adopts clinical practice parameters that are based on valid and reliable clinical evidence and/or consensus of providers in mental health. The clinical practice parameters are reviewed and updated on a regular basis. The DMH Clinical Practice Parameters can be found at https://secure2.compliancebridge.com/lacdmh/public/index.php?fuseaction=app.main&msg= or by asking your provider.

MyHealthPointe
MyHealthPointe is an online client portal that provides easy and secure access to your online mental health record. For additional information, please visit our website: https://dmh.lacounty.gov/client-portal/.

By consenting to LACDMH services, you understand:

1. You have a right to be informed of and participate in the selection of any of the Specialty Mental Health Services described in the **County of Los Angeles Beneficiary Handbook for Specialty Mental Health Services**.
2. You have a right to receive services without being required to receive other services from LACDMH system.
3. All services, including the use of telehealth, telephone, secure email and/or secure text messaging, are voluntary, and you have the right to request a change in service provider (agency or staff).
4. You have the option to withhold or withdraw consent for any service, mode of service, or method of communication at any time, including any time during a session, without affecting the right to future care, treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. Mental health staff may also withdraw the ability to utilize specific modes of service or methods of communication at any point in which it is determined it is not the most appropriate means of service provision and/or communication.
5. All LACDMH staff, as a condition of their employment, annually sign an oath of confidentiality which prohibits them from sharing client information except as allowed under federal, State, and Department confidentiality laws, policies, and procedures.

LACDMH Consent for Services

6. Any information disclosed to staff which is determined by them to be important to care will be recorded in the clinical record to ensure treatment staff have available to them the most complete information about you when deciding on treatment appropriate to your needs and for quality of care.
7. Your demographic and clinical information are entered into LACDMH's electronic health record system and may be made available to staff within LACDMH and other authorized individuals involved in your treatment as appropriate. Please refer to the Los Angeles County Health Agency Notice of Privacy Practices for more information.
8. The potential risk of telehealth and telephone services include partial or complete failure of the equipment being used which could result in mental health staff's temporary inability to provide mental health services.
9. By consenting to secure email and/or secure text messaging, you agree to allow the LACDMH staff to send information about your mental health condition and care to you via secure text and secure email.
10. Secure email and secure text messaging will never be used for emergency or urgent situations and/or diagnostic purposes. You should discuss with your provider how best to contact them after normal business hours or during an emergency or urgent situation. Any requests to be assessed through secure email or secure text messaging will not be honored.

There are technical considerations for your personal device(s) when **Telehealth**, **Telephone**, **Secure Email** and/or **Secure Text Messaging** are utilized. By consenting, you understand the following:

1. LACDMH assumes no liability for your device if installation of approved LACDMH telehealth / secure text messaging / secure email application causes any conflict, malfunction, or damage.
2. You are fully responsible for handling, operating, and maintaining your device and applications. Should your device be compromised, lost, or stolen, LACDMH will not be held responsible for the disclosure of information, including but not limited to, Protected Health Information (PHI) residing on the device.
3. LACDMH does not allow recording of sessions, including telephone and telehealth sessions, unless explicit consent is given by you and by your practitioner.
4. LACDMH will not share your personal identifiable images or information from telehealth interactions to researchers or other entities without your consent.
5. There may be a delay between the time a secure text message and/or secure email are submitted and the point at which your treating provider reads and/or responds. You will not know if the information in the text/email has been seen, and LACDMH cannot anticipate when you will receive a response.
6. The LACDMH approved secure text messaging and secure email is the only option for sending and receiving text information with LACDMH staff.
7. You are responsible for any data usage or texting messaging fees associated with using your personal device when you are using it for telehealth, telephone, and secure text messaging.
8. Information sent via secure text and secure email may assist mental health staff in providing treatment and scheduling.
9. Although email(s) and text message(s) will be sent through a secure means, there is a risk that an email or text intended for you may be inadvertently sent to the wrong email address or phone number.

Los Angeles County Department of Mental Health
Consent for Services

I, _____, consent to receiving mental health services **by the Los Angeles County Department of Mental Health.**

I have read the information provided in this consent. I had an opportunity to ask questions about this information, and all my questions have been answered. I understand the written information provided.

I consent to the use of Telehealth services Yes ☐ No ☐

I consent to the use of Telephone services Yes ☐ No ☐

I consent to the use of Secure Text Messaging for communication Yes ☐ No ☐

I consent to Secure Email for communication Yes ☐ No ☐

Email address for telehealth and/or secure email: _____

Phone number for telephone and/or secure texting: _____

I have been provided information on Advance Health Care Directives Yes ☐ No ☐

I have an Advance Health Care Directive currently in place Yes ☐ No ☐
If yes, please provide a copy for us to place in your clinical record

_____ _____
Signature of Client Date

_____ _____ _____
Signature of Responsible Adult* Relationship to Client Date

* Responsible Adult = Guardian, Conservator, or Parent of minor when required

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. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:_____ **DMH ID#:** _____

Agency:_____ **Provider #:** _____

Los Angeles County – Department of Mental Health

Los Angeles County Department of Mental Health
Consent for Services

This page to be completed by Staff

Signator ☐ was given ☐ declined a copy of this Consent on _____ by _____.
Date Initials

☐ This Consent was interpreted in _____for the client and/or responsible adult.
If a translated version of this Consent was signed by the client and/or responsible adult, the translated version must be attached to the English version.

☐ Client and/or Responsible Adult is unavailable/unable to sign. Verbal/implied consent was provided on _____
Date

☐ Client is a minor and signed above without parental/guardian consent, and I have verified minor is eligible to sign as well as their signature (see Consent for Minor section below).

If yes, is client enrolled in **Minor Consent Medi-Cal**? ☐ Yes ☐ No
Note: *If client does have Minor Consent Medi-Cal, all services must be claimed using Non-Billable to Medi-Cal procedure codes.*

☐ A court order/minute order has been obtained and consenting on their own or someone on their behalf is not an option. I have provided the first page of the Consent for Services as well as the FAQs to the Client and/or Responsible Adult

_____ _____
Signature of Staff/Work Force Member Date

Consent For Minor: Please select the appropriate section(s) about the minor:

☐ **EMANCIPATED:** This minor has been declared emancipated from his/her parent/guardian by the courts and has been issued an identification card by the Department of Motor Vehicles (Cal Fam Code 7120). A copy of the identification card must be filed with this form.

☐ **ACTIVE DUTY WITH ARMED FORCES:** This minor must be currently serving in the US Armed Forces. A copy of his/her military ID must be filed with this form (Cal Fam Code 7002).

☐ **MARRIED:** This minor is or has been married (Cal Fam Code 7002). A copy of the marriage certificate must be filed with this form.

☐ **SELF-SUFFICIENT:** This minor is self-sufficient as exhibited by being able to declare all of the following (Cal Fam Code 6922).

- I am 15 years of age or older, having been born on _____ (birthdate).
- I am living at the address given on admission for services which is apart from the home/residence of my parents or legal guardian.
- I am managing my own financial affairs indicated by the financial information provided by me on admission for services.
- I understand that I am financially responsible for the charges for my mental health services and I may not disaffirm this consent because I am a minor.

The below options must be verified/selected by an Authorized Mental Health Discipline (AMHD).

☐ **REQUEST FOR MENTAL HEALTH SERVICES:** This minor is mature enough to participate in mental health treatment. I certify that each of the below 3 criteria are met. (Cal Fam Code 6924)

1. The client is 12 or older and mature enough to participate intelligently in the services provided.
2. The minor was consulted regarding parent/guardian's involvement on _____. The client's parent(s)/guardian(s):
(date)
   ☐ Were contacted on _____ by _____
(date)
   ☐ Were **NOT** contacted because _____
3. The client's parent(s)/guardian(s): ☐ Are currently involved in the services provided
   ☐ Do not want or are unwilling to participate in the treatment ☐ Are not appropriate to participation in the services provided

Note: The client WILL NOT be prescribed psychotropic medications without legal guardian or court consent.

_____ _____
AMHD Signature and Discipline Date

Los Angeles County Department of Mental Health
Consent for Services

Frequently Asked Questions
Telehealth, Telephone, Secure Text Messaging and Secure Email

How are Telehealth/Telephone services different than in-person sessions with mental health staff?
Other than the client and LACDMH practitioner not being in the same physical location together, there is very little difference in the session. The practitioner will be able to provide the appropriate Specialty Mental Health Service (SMHS), document the clinical information and service provided, and ensure that documentation is included in the client's clinical record for future reference.

What is the difference between Telehealth and Telephone services?
Telehealth services incorporates the use of video teleconferencing along with audio, so practitioners and clients may visually see and communicate with each other, even though both parties are in a different physical location. Telephone services incorporates the use of a telephone so practitioners and clients may also communicate with each other, however there are no visual capabilities. For both telehealth and telephone services, practitioners will continue to provide the covered SMHS to the client as well as provide documentation that will be included in a client's clinical record for future reference.

What happens if I choose not to consent to using Telehealth and/or Telephone services?
If you choose not to consent to Telehealth and/or Telephone services, LACDMH will not use these methods when providing services and will only provide in-person services. Additionally, choosing not to consent to Telehealth and/or Telephone will not affect your ability to access any covered SMHS. Telephone will continue to be used for communication purposes.

What is Secure Email?
Secure Email enables clients to communicate easily and securely with LACDMH staff so that any potentially sensitive information about a client is kept safe. To protect a client's Protected Health Information (PHI), secure emails go through encryption, which is a process of making information unreadable to anyone other than the intended recipient of the email.

Any email containing a client's electronic PHI that is sent via email must be secured. According to the Health Insurance Portability and Accountability Act (HIPAA), email security and privacy regulations are required to ensure the privacy and confidentiality of clients.

How does a Secure Email look and how can it be read?
When a secure email is sent, the recipient will receive the following files:

1. Notification email message: The notification message indicates that someone has sent a secure, encrypted message in the form of a Registered Envelope. The notification also includes links to information about Registered Envelopes and Cisco Registered Envelope Service.

2. Encrypted message file attachment: The file attachment is named "securedoc.html." This file contains both the Registered Envelope and the encrypted content. To view the Registered Envelope, the file attachment must be saved to the local drive. Opening this attachment will allow the recipient to self-enroll, create an account, read the encrypted email, and respond in a secure and encrypted format. For complete instructions refer to this document: http://file.lacounty.gov/dmh/cms1_180460.pdf.

What happens if I choose not to consent to the use of Secure Email?
If you choose not to consent to the use of secure email, LACDMH staff will not initiate emails with you or offer emailing as a mode of communication. If you initiate an email with a LACDMH staff without consent to email, staff will respond to you via other means of communication (e.g., telephone or mail).

What is Secure Text Messaging?
Secure Text Messaging involves the use of an LACDMH approved text messaging application that allows authorized LACDMH providers to securely send and receive encrypted text messages and pictures. This method of communicating is secure, encrypted, and compliant with all laws related to the protection/security of Protected Health Information (PHI).

What happens if I choose not to consent to using LACDMH's Secure Texting Messaging Application?
Without consent for using the LACDMH approved secure text messaging application, LACDMH staff will not initiate text messaging with you or offer text messaging as a mode of communication. If you initiate text messaging with an LACDMH staff, staff will respond to you via other means of communication (e.g., telephone call or Secure Email).

Are Non-Medical Transportation benefits available to me?
Non-Medical Transportation services are available to all clients with full-scope Medi-Cal and to pregnant women, including to the end of the month in which the 365th day postpartum falls. Clients will need to attest to the provider verbally or in writing that they have an unmet transportation need and all other currently available resources have been reasonably exhausted. Reasons for needing Non-Medical Transportation can include any of the following:

- No valid driver's license.
- No working vehicle available in the household.
- Not being able to travel or wait for covered Medi-Cal services alone.
- Having a physical, cognitive, mental, or developmental limitation.
- No money for gas to get to appointment.

Frequently Asked Questions
Advance Health Care Directive

What is an Advance Health Care Directive?
An Advance Directive is a legal document that allows an individual to state in advance their wishes should they become unable to make healthcare decisions. In California, an Advance Directive consists of two parts: (1) appointment of an agent for healthcare; and (2) individual health care instructions.

What can an Advance Health Care Directive do for a person with a psychiatric disability?

- It allows you to make treatment choices now in the event you need mental health treatment in the future. You can tell your doctor, institution, provider, treatment facility, and judge what types of treatment you do and do not want.
- You can select a friend or family member to make mental health care decisions, if you cannot make them for yourself.
- It can improve communications between you and your physician.
- It may reduce the need for long hospital stays.
- It becomes a part of your medical record.

Who can fill out an Advance Health Care Directive?
Any person 18 years or older who has the "capacity" to make health care decisions. "Capacity" means the person understands the nature and consequences of the proposed healthcare, including the risks and benefits.

When does an Advance Health Care Directive go into effect?
An Advance Health Care Directive goes into effect when the person's primary physician decides the person does not have the "capacity" to make their own healthcare decisions. This means the individual is unable to understand the nature and consequences of the proposed healthcare. The fact that a person has been admitted into a psychiatric facility does not mean the person lacks "capacity."

How long is an Advance Health Care Directive in effect?
In California, an Advance Health Care Directive is indefinite. You can change your mind at any time, as long as you have the "capacity" to make decisions. It is a good idea to review your Advance Health Care Directive yearly to make sure your wishes are stated.

Do I have to have an Advance Health Care Directive?
No. It is just a way of making your wishes known in writing, while you are capable. Your choices are important.

Where do I get legal advice about an Advance Health Care Directive?
- Your Attorney
- Protection and Advocacy, Inc.

Where can I get the Advance Health Care Directive Forms?
- Your Attorney
- Stationary Stores
- Internet

Who should have a copy of the Advance Health Care Directive?
- You (your Advance Health Care Directive should be kept in a safe place, but easily accessible)
- Your agent (the person designated to make health care decisions if you are unable to do so)
- Each of your health care providers
- Each of your mental health providers

It is important that you keep track of who has a copy of your Advance Health Care Directive in case you make changes in the document.

Where do I send complaints regarding non-compliance with the Advance Health Care Directive?
Complaints concerning non-compliance with the Advance Health Care Directive requirements may be filed with the California Department of Health Services (DHS) Licensing and Certification by calling 1-800-236-9747 or by mailing to P.O. Box 997413, Sacramento, California 95899-7413.