



Telehealth/Telephone Consent for Individual Services

In order to minimize the spread of COVID-19, Didi Hirsch Mental Health Services is temporarily using telephone and telehealth (HIPAA compliant platform which involves interactive audio and video telecommunication) to continue to provide specialty mental health services. The purpose of this consent is to provide the client/caregiver/responsible adult with information that is important when deciding whether to participate in individual sessions by means of telehealth or telephone.

Staff: Please check off the box for each element to confirm that you have discussed with the Client/Caregiver/Responsible Adult:

Specialty services will be conducted using secure platform, but there is no 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.

Technical difficulties may disrupt or delay services despite our best efforts to avoid this from happening.

Since you/your child will be participating in sessions in a remote location, we cannot guarantee your privacy. To strengthen privacy and confidentiality controls for yourself and others involved, 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.

You are not to use any recording software during sessions. Likewise, services provided will be not recorded by Didi Hirsch unless you have consented to such.

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

In case of an emergency, clinician will contact 911 or contact appropriate parties for assistance.

I also need to provide you with my license information: (ex. I'm a licensed MFT, license number...) THIS APPLIES TO NON-MEDICAL STAFF ONLY.

Language that this consent was interpreted in for the client and/or responsible adult.

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

MH 739: revision 3/30/2020

Rendering Provider's Signature

Rendering NPI #/License Name

Date Submitted:

Agency: Didi Hirsch Mental Health Services / Site:

This confidential information is provided to you in accordance with State and Federal laws and regulations, including but not limited to applicable Welfare and Institution Code, Civil Code and HIPAA Privacy Standards.

Duplication of this information for further disclosure is prohibited without prior written authorization of the participant/authorized representative to whom it pertains unless otherwise permitted by law.