**CONSENT FOR SERVICES**

**COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES**

CONSENT FOR:

PROGRAM NAME:

The County of San Diego Behavioral Health Services (BHS) provides mental health and substance use care. When you receive services, you will be asked questions about mental health and substance use. The process of asking and answering these questions is called an assessment. Understanding your needs helps us create a plan of care together. Our plan is based on knowing your strengths and challenges and will include services and actions you and important people in your life can take to feel better. We invite you to partner with us to improve your health and wellness to create a Healthy, Safe and Thriving life.

**CONSENT FOR SERVICES**

Consent for services means you understand the kinds of services that are available to you at this program. Services authorized by this Consentwill be based on your needs and what you say is important. You help decide which services you receive. The kinds of services are:

* Assessment and screening about mental health and/or substance use
* Counseling (in a group/or individual) for mental health and/or substance use
* Case Management services (finding resources to help you)
* Medication services
  + Meeting with a doctor and/or nurse about medications. This may include getting resources for physical health needs or laboratory tests to help your doctor monitor your health or medications.
* Other services that help you achieve your goals

Beneficiaries have the right to access covered services that may be delivered in person (face to face) or by phone. They may also be provided via telehealth, which means meeting with a provider through synchronous audio and video interaction. Services may be provided by a medical doctor, nurse, counselor, family/peer support partner, student intern or other staff.

You understand that you have the right to:

* access covered services that may be delivered via telehealth through an in-person, face-to-face visit
* have questions and answers explained about my diagnosis and care
* get a copy of this Consent
* end this Consent at any time
* have the doctor discuss with me the benefits and risks of medications
* file a complaint or grievance without negative consequences

You also understand:

* that the use of telehealth is voluntary, and your consent may be withdrawn at any time without affecting your ability to access covered Medi-Cal services in the future
* the availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted
* the potential limitations and risks related to receiving services through telehealth as compared to an in-person visit, as explained to you by BHS

**Important Information**:

* 1. The law requires that BHS notify the individual and the authorities if you have the intention to harm another individual.
  2. The law requires that we report any suspected child abuse, neglect, or molestation to protect minors. Also, suspected cases of dependent adult and elder abuse are reported. We will make every effort to help you understand your situation and explain why we are required to make these reports.
  3. The law requires that if there are serious concerns of death by suicide, or if you become unable to care for yourself, we have to tell the authorities to arrange for hospitalization. We will make every effort to do this with you so that we can understand your situation and explain why we are required to make these reports
  4. When health insurance pays for your services, information about your services may be shared between your provider and the insurance company.
  5. A minor who is 12 years of age or older may consent to behavioral health services if the minor is mature enough to participate in mental health/substance use disorder services.

San Diego County BHS believes in your total health and wellness.

* Our program sites are safe and free from alcohol and illegal drugs
* We want to know what is supportive to you (like music, exercise, friends, family)
* Services may not be available 7 days a week 24 hours a day. You can call the Access and Crisis Line at 1-888-724-7240, 24 hours a day. In an emergency, call 911, or go to the nearest emergency room. We can help you with a plan.

By signing this form, you agree that you have read or had this form read or explained to you. You understand this information and agree to accept services. This consent will end when you state it should end and/or when your current services end.

Client Signature Date

Parent/Legal Guardian Signature Date

Witness Signature Date