INYO COUNTY HEALTH & HUMAN SERVICES BEHAVIORAL HEALTH DIVISION CONFIDENTIAL INFORMATION

(Calif. W&I Code S.5328 & Evidence Code S.1014)

CONSENT TO TREAT - ADVISE OF FREE CHOICE & CONFIDENTIALITY

Date of Rirth.

marvidual 5 Ivallic.	Dute of Birth
I	and/or
Direct 1 Manager of Community (ICC)	
•	onsumer is a minor or conserved) Printed Name of
Parent/Legal Guardian/Conserv	ator (circle one)
hereby consent and agree volunta	arily to receive services (treatment) from Inyo County
Behavioral Health (ICBH), whic	h includes Mental Health (MH) and Alcohol and Other Drug
Services (AODS). ICBH works t	coward providing coordinated and comprehensive services for
its consumers. As part of this, IC	CBH clinical staff utilizes case consultation, combined clinical
staffing, and supervision to ensur	re consumers receive consistent services that best meet
individuals' needs. For child/fam	nily cases, ICBH is a participating member of the Inyo County
Children's Services Council, and	l as such, participates in joint case reviews with other Council
members in an effort to provide	best services for children and families. By signing below, I
acknowledge and consent to thes	se facts, while specifically agreeing to the following:

- I understand that I (or the minor/conservatee named above), have free choice of providers where I receive services, depending upon availability of providers, and I am not limited to ICBH service providers;
- I understand that I (or the minor/conservatee named above) have the right to terminate services/treatment at any time. I also understand that I have the right to refuse to implement any recommendations, psychological interventions, or any treatment procedure;
- I understand that I (or the minor/conservatee named above) am expected to benefit from services/treatment, but there is no implied or expressed guarantee that will happen;
- If I believe that any patient rights are denied without good cause, there is a Patients' Right's Advocate that I may contact, for which the contact information is available at the ICBH Front Office.
- I understand that I will not be discriminated on the basis of ethnic group, religion, age, sex or disability.

I understand that I have to following beneficiary rights;

• The right to receive information.

Individual's Name.

- The right to be treated with respect and with due consideration for his/her dignity and privacy;
- Beneficiary rights concerning the confidentiality and integrity of his/her protected health information in accordance with HIPAA;
- The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the beneficiary's condition and ability to understand;
- The right to participate in decisions regarding his or her health care, including the right to refuse treatment;

- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in federal regulations on the use of restraints and seclusion;
- The right to request and receive a copy of his/her medical records, and to request that they be amended or corrected.
- The right to be furnished health care services.
- The right to free language assistance.
- Whenever feasible the right to use culturally competent providers.
- The right to request a change of providers.
- The right to a "smoke free environment".
- The right to a safe environment and it is requested that no weapons be brought on to the premises.

I understand that all client records are confidential, unless consent to release information is provided in writing to ICBH, by the client or parent/guardian/conservator of client named above. At the same time, I understand that under the following conditions, the ICBH staff may be required by law to break confidentiality:

- Any threat of physical harm made against one's self and/or another person. In general, the ICBH staff may take a number of steps to ensure safety, including hospitalization, notification of law enforcement and notification of any person(s) being threatened;
- Any suspicion that a child, dependent adult or elderly person is being physically or sexually abused or neglected. ICBH staff are mandated by law to report any suspected abuse to the appropriate agency, which will then investigate said report;
- A court order for records, for the administration of justice.

All requests for ICBH services/treatment are reviewed by the Inyo County Health and Human Services adult or child/family service teams. This includes staff from Progress House Residential Facility and MHSA sponsored Wellness Centers. The teams may include public health nurses, child welfare social workers, substance abuse counselors, case managers, psychotherapists, employment counselors and supervisors of those staff members. This authorization shall remain in effect until termination of the named client's receipt of ICBH services, or until written revocation of this authorization occurs. For the duration of the above named client's receipt of ICBH services, the Inyo County Health and Human Services Department is authorized to receive payment for such services/treatment, from any/all health insurance plans under which the client is covered, including Medicare/Medi-CAL, as applicable. Further, I consent to be contacted for follow-up and outcome studies. Agreed and Signed:

Individual Consumer Signature (Adult or Minor)	Date	
Parent/Legal Guardian/Conservator's Signature (Minor or Conservatee)	Date	_
Printed ICBH Staff Name ICBH Staff Signature	Date	(rev:10-13)