

March 17, 2023

Attention Referring Agency,

Due to a high volume of clients needing services it is important we uphold our long-standing regulations and that the referring agency communicates and helps their client with the following items:

- Referring Agency Please Attach a copy of a **Release of Information** for communication purposes.
- The packet must be filled out completely with all signatures (All pages)
 - If packet and client checklist is not complete and signed, they will be returned and client will not be placed on the waiting list until complete
 - Please note if signature is not available due to hospitalization, incarceration, etc. that prevents a client from signing, please contact the intake specialist.
- Please ask if client has any medical issues, illnesses, disorders or medications.
 - All medical issues, illnesses, disorders or medications must be listed for their protection
 - Clients must bring medications prescribed by doctor
 - Clients need to bring a **90-day supply** or make arrangements to receive medications
 - We do expect the clients to follow doctor's recommendations
- Please give a copy of *Items Allowed and Not Allowed in Program* to the client, so that they know what to pack
- Ask client if there are any legal issues, court dates, etc. that they must attend.
 - All legal matters are to be taken care of prior to entry
 - Any transportation required outside of our county is the responsibility of the referring agency

To serve your client, it is important that they are taking care of their medical and legal issues so that they may concentrate on recovery.

If a client does not divulge their illnesses, medications, disorders or legal matters, we may refer them back to their referring agency.

Native Directions Inc. will not be held liable due to any information not disclosed to our agency, in regard to medical, legal or other important information needed in order to successfully treat the client.

Thank you for your help and understanding, if there are any questions or concerns please feel free to contact Crystal at (209) 858-2421.

Thank you,

Ramona Valadez
Executive Director

PRE-ADMISSION PACKET

**** IMPORTANT Notice ****

We are a **90-day Residential Treatment only**, nothing is guaranteed and anything beyond 90-days is at the discretion of the staff, counselors and executive director together and will not be guaranteed depending on funding and availability.

****Please do not guarantee your client a longer stay****

****ADMISSION HOURS** Intake is limited to the following times**

→ TUESDAY, WEDNESDAY & THURSDAY → 9:00AM-2:00PM

Prior to admission, you will be required to submit the following to the Three Rivers Indian Lodge Intake person.

- Client must be detoxed 72 hours prior to admission
- **All pages of the screening packet signed by referring agency and client**
- Picture ID
- Social Security Card
- Tribal ID or enrollment letter
- COVID-19 testing results
- Recent physical records
- Recent TB Test (within 6 months)
- Psychological Evaluation (Family/social, employment/education, legal, & substance history)
- Proof of income for San Joaquin county medical enrollment (no IHS clinics are in this county)
- No prescription opiates for pain and no prescription benzodiazepines for anxiety are allowed, you may need to have your provider prescribe alternative medication.

***Under no circumstances will a client be admitted if the required documentation is not received before acceptance to program.**

***You are also required to take care of any out of town Medical, Dental or Court appointments prior to admission.**

PLEASE EXPLAIN WHY YOU WANT THIS PROGRAM?

CLIENT SIGNATURE: _____

WE ASK THAT ALL DRIVERS WAIT UNTIL CLIENTS ITEMS HAVE BEEN SEARCHED IN CASE THERE IS ANYTHING THAT NEEDS TO BE BROUGHT BACK TO THE AGENCY/HOME

PLEASE REVIEW ALL INFORMATION WITH YOUR CLIENT

REFERRING AGENCY/DRIVER SIGNATURE: _____



ITEMS NOT ALLOWED IN PROGRAM

Items will be confiscated

- a. NO Medications that contain any Narcotic substances. This includes any generic forms for example: Vicodin, Hydrocodone, Oxycodone, Morphine or Codeine and many more.
 - ALL medications must have doctor papers with them when checked in;
 - A prescription does not constitute approval. Management approval is mandated.
 - No marijuana or Methadone prescriptions are allowed in the program.
- b. Aerosol hair spray, hair color/dye, nail polish remover, any hygiene products containing alcohol; mouthwash or cologne with alcohol;
- c. Spray paints, permanent markers
- d. Any products containing alcohol, Sudafed or Codeine.
- e. Clothing advertising alcohol or drugs, sexually explicit images or messages as well as racially offensive messages, or items considered inappropriate by clinical staff;
- f. Knives, loose razor blades, metal rat-tailed combs, guns, brass knuckles, or anything that can be used as a weapon
- g. Airplane glue or *lighter fluid*.
- h. Clients are **not allowed** to bring, purchase or have any type of the following items while in treatment:
 - Cell phones, PDA (personal data assistant), any type of camera and attachments, any type of voice recorders*, Pagers
 - Laptops or stand-alone computers, Computer Software, any locking storage devices
 - External Drive (memory cards) i.e. Travel Drive, Flash Drive, and any type of memory card (some maybe used under counselor permission)
 - Digital Photo Frames
 - Electronic Games, Play Station, WII, Game Cube, including hand held games i.e. PSP, Game Boy
 - Satellite Radios, Boom Boxes Personal TV, Personal radios, CD players, DVD players, I-Pods, Cassette players or any other electronic devices. MP3 players are only allowed if they meet the parameters under “Items Allowed”
 - No music with cursing, sexual language, exploiting gang/drugs/race/people or negative messages
 - Any type of handheld, board game, etc. used for the primary purpose of *gambling*.
- h. Sexually explicit or revealing posters, books, magazines and videos,
- i. Clothing that is too revealing, including sagging pants.
- f. **Other items considered by the staff to be inappropriate to your treatment i.e., gang-affiliated colors, clothing, shoes, bandanas, baseball caps, beanies or other head-wear/clothing.**
- j. No sunglasses are to be worn during any session, groups or in the buildings.
- g. **NO Energy Drinks** or drinks with stimulants and stimulant ingredients.
- h. **NO Muscles Drinks and Supplements** (in any form; powder, liquid, pill, etc.)
 - If a client has a written documentation from a Doctor to take supplements, then they will be logged into the medication log and it will be the clients’ responsibility to ask for them and to pick them up when leaving the program.
 - Any supplements not picked up 30 days after leaving the program will be destroyed.
- i. No E-cigs, Vape pens, E-pens or any similar devices.
- j. **All over the counter medications must be new, in a sealed unopened container.**
- k. **Anyone caught with contraband or paraphernalia will be asked to leave immediately.**

* Due to **Confidentiality**, and **HIPAA** Regulations the identity of the clients must be protected, these devices can in their use release information on the clients in the program.

Native Directions, Inc. / Three Rivers Indian Lodge will not be responsible for damaged, lost or items stolen. If any of these items are brought into the program they will be confiscated, the client’s name placed on the item and safely stored away until the client leaves the program. Everyone is subject to search while in the program, this includes: Purchases, belongings and person’s body. If any of these items are found after a client enters the programs it will be grounds for termination.

ITEMS ALLOWED INTO PROGRAM

Items are limited due to the size of our facility

There is a washer and dryer for client use

Clients are to limit items to the following:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 8 Shirts/T-shirts <input type="checkbox"/> 5 Pants <input type="checkbox"/> 3 Sweatpants <input type="checkbox"/> 3 Sweaters/sweatshirts <input type="checkbox"/> Shorts <input type="checkbox"/> Drinking cup/coffee cup if you prefer your own (including a dish, and silverware) Please mark them <input type="checkbox"/> Stamps & envelopes <input type="checkbox"/> Hand drum, clapper, flute for ceremony <input type="checkbox"/> 1 pair Shower shoes <input type="checkbox"/> Toothbrush <input type="checkbox"/> Brush/Comb <input type="checkbox"/> Lotion (non-alcohol based) <input type="checkbox"/> Limit Art/Craft supplies to 1 shoebox size box <input type="checkbox"/> Limit all other personal items to 1 shoebox size box (does not include toiletries) <input type="checkbox"/> Money *Please limit money brought in for personal items, store runs, etc. TRL is not responsible for loss or maintaining client’s money. Any transportation to banks is very limited and is at the discretion of the Executive Director and House Manager* <input type="checkbox"/> MP3 PLAYERS-Clients may bring a MP3 player for the gym and evening listening only, but must comply with the following: <ul style="list-style-type: none"> • May not have Wi-Fi/G3/4G/or any other internet capabilities • May not contain pictures/movies or games • Must play music only • Must be inspected and approved • Must already contain music. Staff may not put music on MP3 player. | <ul style="list-style-type: none"> <input type="checkbox"/> 2 pair Shoes (Tennis shoes/boots) <input type="checkbox"/> 2 coats <input type="checkbox"/> Extra Pillow (optional) <input type="checkbox"/> Extra towel for ceremony |
|---|---|

I understand what I may and may not bring into the program and understand that this is for the benefit of my program. I also understand that if I accumulate too many items and/or clothing, I will be asked to send some home or placed in a secure storage facility on TRL property. I acknowledge that everything will be checked when I come into the program, during store runs and at random while I am a resident.

Client’s Signature

Date

3-I

SCREENING QUESTIONNAIRE

REFERRING AGENCY INFORMATION

Name of Agency: _____ Address: _____

Name of contact Person: _____ Telephone: _____

Email of contact Person: _____ Fax #: _____

CLIENT INFORMATION

Client Name: _____ Client Social Security # _____

D.OB. _____ Age: _____

Address: _____ City: _____ State Zip code: _____

Telephone # _____ Message phone: _____

Tribe: _____ Band: _____

Roll Number: _____ Do you have any minor children? Yes No If yes, how many? _____

Do you live in the Reservation: Yes No

Was this screening conducted on the premises of Three Rivers? Yes No

1. Reason for placement: Volunteer Court Order Other please explain

2. If court ordered or Incarcerated, what were the charges?

3. Presenting Problem: _____

4. Needs (I, E, immediate or urgent) _____

5. Will you need to register with local law enforcement? Yes No

6. Are you on: Probation Parole Not-Applicable

Agents Name: _____ Phone Number: _____

7. Are you referred by: _____ AB109 or _____ WestCare

8. Have you ever been through our Program Yes No if yes, When? _____

9. Have you had a recent TB test or Chest x-ray? Yes No if yes, When? _____

10. Date of last Physical: _____ Are you currently taking any medication for a medical condition? Yes No if yes for what condition? _____

11. Have you ever been diagnosed with a psychological condition? Yes No if yes for what condition? _____
12. Are you taking medication for this condition? Yes No if yes what medication are you taking? _____
13. Are you taking any other medication (Diabetes, Arthritis, etc.)? Yes No if yes what medication are you taking? _____

Illness	Medication

14. When did you last drink? _____ When did you last use illegal drugs? _____
15. Do you have a handicap that we should know about and try to make accommodations for? _____
If Yes, please explain: _____
16. What is the highest level of education you have completed? _____
17. Are you a veteran? Yes No
18. Are you on SSI _____ Unemployment _____ If other please Explain _____
19. Do you have Health insurance? _____ Medicare _____ other _____

CONTACT PERSON IN CASE OF EMERGENCY

Name: _____ Relationship to you: _____

Telephone Number: _____ Address: _____

CELL PHONE AGREEMENT

I, _____ understand the following:
(Client Name)

- I also understand that I will not bring in a cell phone to Three Rivers Indian Lodge.
- I also understand that I will be on restriction for the first 14 days and cannot use the pay phone during this time.
- I also understand that at no time shall I purchase a phone while at Three Rivers Indian Lodge.
- I understand that if I get caught doing the following, I will be *terminated*:
 - **Bringing in a cell phone while in the program.**
 - **Using a cell phone while in the program.**
 - **Helping others to hide a cell phone while in the program.**
 - **Knowing of a cell phone and *not* reporting it.**

This is your program so please respect the rules and work on your program, not anyone else's.

Again, violating these cell phone rules are taken seriously and will result in termination.

Client's Signature

Date

PRE-AGREEMENT OF ADMISSION

I, _____ understand that
(Client Name)
during my Residential Treatment Program, there will be no weekend passes.

- I also understand that I will take care of all Court dates, Medical and Dental appointments before entering Three Rivers Indian Lodge.
- In case of an emergency, arrangements will be made to take me to the San Joaquin County General Hospital.
- **San Joaquin County does not have Indian Health Services** and any bill you may receive from a doctor, emergency room or clinic is the sole responsibility of the client.
- **I also understand that I will be on restriction for the first 14 days (No phone calls/No visitors)** and that it will be determined at the end of my restriction period if I am allowed to continue with Three Rivers Lodge treatment program.
- I also understand that a progress note, and drug test results will be sent to the Referring Agency, Probation/Parole or the Court System/Judge on a monthly basis, when deemed necessary.
- I understand as part of my treatment, **I am to authorize Three Rivers Lodge to have contact with the Referring Agency, Probation/Parole or the Court System/Judge.**
- Native Directions Inc. will not be held liable due to any information not disclosed to our agency, in regard to medical, legal or other important information needed in order to successfully treat the client.

Client's Signature

Date

Witness Signature

Date

MONTHLY FOOD FEES

- If a client does not qualify for Food Stamps/Cal Fresh Benefits, a Sliding Scale will be utilized for what the client is responsible for.

The Low-Income Sliding Fee scale for monthly Food payments is as follows:

Monthly Income	Monthly Food Fees
200-225	75.00
226-250	100.00
251-300	125.00
301-325	150.00
326-350	175.00
351-400	235.00
401-500	281.00

Subject to change Native Direction Inc., utilizes current Cal Fresh benefit rates.

Client's Signature

Date

Witness Name

Witness Signature

Date

MONTHLY FOOD FEES AGREEMENT

Effective September 1st, 2014, we will be requiring the Referring Agency/Tribe to compensate for their client's monthly food fees, in the event that the client does not qualify for Food Stamp/Cal Fresh Assistance *and* is unable to pay for monthly food fees themselves. One of the following arrangements must be made with the client *before entering the program*:

Referring Agency/Tribe will reimburse Native Directions, Inc. \$281.00 per month, for every month the client is enrolled in the program. Subject to change Native Direction Inc., utilizes current Cal Fresh benefit rates.

- Client agrees to reimburse Native Directions, Inc. \$281.00 per month, for every month they are enrolled in the program, in the event they receive a substantial amount of income from Disability (SSI) or Per Capita (Tribal monies).
- Client agrees to reimburse Native Directions, Inc. the amount that applies to them from the above sliding scale. (Monthly Food Fees).

Agency Representative: _____ Date: _____

Signed by Client: _____ Date: _____

NOTICE

This agreement will **only apply** to clients who do not qualify for Food Stamp/Cal Fresh Assistance. Payment arrangements must be made with Native Directions, Inc. prior to entrance into the program.

IN-COUNTY TRANSPORTATION AGREEMENT

Due to limited time, budget and staff we need to make our program as efficient as possible; therefore, we must enforce policies already in place.

R E F E R R I N G A G E N C Y

- I understand that the clients we refer need to take care of all Court dates, Medical and Dental appointments before entering Three Rivers Indian Lodge.
- I also understand that if our referred clients need to attend court, medical or dental appointments then, as the referring agency we must provide/arrange transportation to and from appointment.

Understand that Three Rivers Lodge can **only** do the following:

- In case of an emergency, arrangements will be made to take the client to the San Joaquin County General Hospital or to services in San Joaquin County **only**, since there are no Indian Health clinics in San Joaquin County.
- We understand that if we take our referred clients to an appointment, they will be tested upon returning and their program will be extended one day for each day their program was disrupted.

Signed by Agency Representative: _____ Date: _____

C L I E N T S

- I understand that I will take care of all Court dates, Medical and Dental appointments before entering Three Rivers Indian Lodge.
- I also understand that if I need to attend Court dates, Medical or Dental appointments then the referring agency must provide transportation to and from appointments.
- If I am not referred by an agency, then I will need to arrange for a responsible party to transport me to and from my appointment(s).

Understand that Three Rivers Lodge can **only** do the following:

- In case of an emergency, arrangements will be made to take me to the San Joaquin County General Hospital or to services in San Joaquin County **only**, since there are no Indian Health clinics in this county.
- I understand that if I need to leave for an appointment, I will be tested upon returning and my program will be extended one day for each day my program was disrupted.

Signed by Client: _____ Date: _____

CLIENT CHECK LIST

If you do not understand any of this packet or you need more clarification, please contact the intake specialist at (209) 858-2421

For your protection, please read everything prior to signing. By signing or initialing any item in this packet is acknowledgement that you understand and will follow the rules if you are accepted into the program.

By initialing and dating this I understand and have received the following information:

Date:

Client Initial All ↓	If this packet is not complete and signed it will be returned and you will not be placed on the waiting list until complete	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	All medical issues, illnesses, disorders or medications are listed
	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am aware that I must bring all medications prescribed by doctor
	<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that I need to bring a 90-day supply of medications
	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have made arrangements to receive medications while in treatment
	<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that I must continue to follow my doctor's recommendations
	<input type="checkbox"/> Yes <input type="checkbox"/> No	I received a copy of <i>Items Allowed and Not Allowed in Program</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that extra items will be sent home or stored
	<input type="checkbox"/> Yes <input type="checkbox"/> No	All legal matters are to be taken care of prior to entry
	<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that TRL does not provide transportation outside of county.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	I did divulge my illnesses, medications, or/and disorders
	<input type="checkbox"/> Yes <input type="checkbox"/> No	All of my legal matters are taken care of
	Native Directions Inc. will not be held liable due to any information not disclosed to our agency, in regards to medical, legal or other important information needed in order to successfully treat the client	

CLIENTS CHECK LIST

If you do not understand any of this packet or you need more clarification, please contact the intake specialist at (209) 858-2421

This Page is for the Clients Record

All medical issues, illnesses, disorders or medications are listed

I am aware that I must bring all medications prescribed by doctor

I understand that I need to bring a 90-day supply of medications

I have made arrangements to receive medications while in treatment

I understand that I must continue to follow my doctor's recommendations

I received a copy of *Items Allowed and Not Allowed in Program*

I understand that extra items will be sent home or stored

All legal matters are to be taken care of prior to entry

I understand that TRL does not provide transportation outside of county.

I did divulge my illnesses, medications, or/and disorders

All of my legal matters are taken care of

Native Directions Inc. will not be held liable due to any information not disclosed to our agency, in regards to medical, legal or other important information needed in order to successfully treat the client

Clients are to limit items to the following:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> 8 Shirts/t-shirts | <input type="checkbox"/> 3 Sweaters/sweatshirts | <input type="checkbox"/> 2 coats | <input type="checkbox"/> Extra towel for ceremony |
| <input type="checkbox"/> 5 Pants | <input type="checkbox"/> 2 pair Shoes (Tennis shoes/boots) | <input type="checkbox"/> Extra Pillow (if wanted) | |
| <input type="checkbox"/> 3 Sweatpants | | | |
- Drinking cup/coffee cup if you prefer your own (including a dish, and silverware) Please mark them
 - Stamps & envelopes
 - Toothbrush
 - Brush/comb
 - Lotion (non-alcohol based)
 - Limit Art/Craft supplies to 1 shoebox size box
 - Limit all other personal items to 1 shoebox size box (does not include toiletries)
 - Money-Please limit money brought in for personal items, store runs, etc. TRL is not responsible for loss or maintaining client's money. Any transportation to banks is very limited and is on specific days.
 - MP3 PLAYERS**-Clients may bring a MP3 player for the gym and evening listening only, but must comply with the following:
 - May not have WiFi/G3/4G/or any other internet capabilities
 - May not contain pictures/movies or games
 - Must play music only!
 - Must be inspected and approved
 - Must already contain music. Staff may not put music on MP3 player.



WAIVER OF TRAVEL LIABILITY

I, the undersigned, understand that such travel may be hazardous and involve the risk of injury, sickness and possibly death, as well as damage to property, when traveling to, or from Native Directions Inc. I understand that I may be exposed to air-borne diseases from other carriers or while traveling. I understand that some diseases may not produce symptoms during the actual travel, but may occur after travel.

I understand that there may be delays and sudden change of schedules and/or cancellation of schedules.

I voluntarily and personally assume the risk of any and all consequences of my travel. I expressly waive my right and the right of any of my heirs, legal representatives and assigns to sue or otherwise collect damages of any kind from Native Directions Inc., from any cause whatsoever including but not limited to sickness, personal injury, property damage, delay, and change of schedule, wrongful death, theft or loss of property.

I, the undersigned, have voluntarily and without duress signed this WAIVER OF LIABILITY form. I assert that I have read and fully understand the above WAIVER OF LIABILITY, and that I agree to accept the terms of this WAIVER OF LIABILITY in full.

Print Name: _____

Date: _____

Signature: _____

Name of Witness: _____

Date: _____

Signature: _____

PARENTAL CONSENT FOR TREATMENT SERVICES
FOR AGES 18-21 YEARS

We/I the parent (s) of: _____, or the Guardian (s) of:

_____, grant permission for him to attend the Three Rivers Indian Lodge 90-Day Residential Inpatient Alcohol and Drug Treatment Program for Native American Men.

We/I release Three Rivers Indian Lodge from any type of liability; be it personal, physical or property losses.

Parent and/or Guardian

Date

Parent and/or Guardian

Date

Witness Signature

Date

CONTRACT FOR TREATMENT SERVICES
FOR AGES 18-21 YEARS

I _____, acknowledge by Signing this form that I am mature enough to participate in the 90-Day Residential Inpatient Alcohol and Drug Treatment Program for Native American Men. I release Three Rivers Indian Lodge from any type of liability; be it personal, physical or property losses while I am in the 90-Day Treatment Program and during any other treatment I may receive here past the 90-day program.

My parent (s) and/or guardian (s) _____ are *released* of any responsibility regarding my stay at the Three Rivers Indian Lodge, in Manteca, California.

Client Signature

Date

Witnessed by

Witness Signature

Date



Consent for Isolation/Quarantine

I understand I will be temporally isolated and quarantine for 5 days due to the current communicable disease outbreak. During such time I will have my temperature taken daily, and be monitored for respiratory symptoms (i.e., fever, cough, sneezing, runny nose, sore throat, headache).

I will abide by isolation and quarantine policy and procedures.

- Social distancing 6 feet or more when feasible.
- Wear face mask/facial covering (bandana, to cover nose and mouth).
- Stay in designated areas.
- Participate in one on ones with counselor when appropriate.
- Complete daily assignments
- Complete daily chores These chores must be done daily, and are not limited to the following:
 - Keep beds made, clean sheets once a week and launder all blankets and sheets before you leave as another client will use them.
 - Keep all hard surfaces clean, wipe down with detergent or soap and water prior to disinfecting.
 - Hang up clothes and place shoes in closet, under the beds or designated area.
 - The bedroom floors will be swept and mopped.
 - All trash taken out daily.
 - NO Visitations will be allowed until all Covid restrictions have been lifted. (With the exception of graduation ceremony)

AGREEMENT FOR ISOLATION

The local Public Health has determined that it is necessary to be placed in isolation in order to prevent the transmission of infections. It is important for you to comply with this Isolation Agreement in order to protect our program health. Thank you for agreeing to cooperate.

Please carefully read and comply with the following statements:

- a. I understand that if I am not isolated, I could pose a substantial threat to the health of other persons.
- b. I agree that I will not come into contact with any other person who is not isolated.

I, the undersigned, have been informed about purpose, procedures, possible benefits and risks, and I have received a copy of this Informed consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time. I voluntarily agree to Native Directions Inc., /Three Rivers Indian Lodge isolation policy and procedures.

Client's Signature

Date



Consent and Expectations for Telehealth/TeleWell/Teleconference Group Treatment/Photograph

Group treatment depends on each participant and staff actively helping to create a space that is safe to share and talk about very personal things. In order to make group treatment beneficial for all involved, these expectations must be clear and followed. If you are having difficulty meeting these expectations, talk with your counselor.

Expectations of service participants in telehealth groups:

1. Respect the confidentiality of the group – what is said in group, stays in group. This applies to talking about group after the group is over as well as creating a confidential environment when you attend a telehealth/TeleWell/teleconference group.

- a. To best protect your confidentiality, the confidentiality of other group members, and the effectiveness of group, you will not record any portion of the Telehealth group at any time.
- b. If you see another participant's email address or personal information, you will not email them or share it without their consent.
- c. You agree to keep all information you learn about other participants confidential, even if it is not information that is explicitly shared.

2. You have been informed of the increased risk of unauthorized PHI (Protected Health Information) disclosure related to various types of email, text, chat, and audio/visual communication, and give informed consent to this form of service as an individual seeking service.

3. In addition to increased risk of unauthorized PHI disclosure related to individual telehealth, group treatment involves its additional set of potential risks and benefits.

- a. Potential benefits may include, but are certainly not limited to: development of communication and socialization skills, increase self-awareness about your effect on others and how you are affected by others who may share similar experiences, the ability to accept criticism from others and express yourself, increased vulnerability, and connection with others who may have similar experiences to your own.
 - Telehealth specific benefits: You can connect with others in a group setting with the goal of achieving benefits, when in-person groups may not be an option.
- b. Potential risks may include: Vulnerability in a group setting can be emotionally uncomfortable, you may experience personality clashing with others in the group, some of the activities or discussions may be uncomfortable, and any time you share your information publicly, there is a risk of that information being shared.
 - Telehealth specific risks: In addition to the risk of privacy breaches in an in-person group, telehealth groups have additional risks due to the nature of participants joining the group from remote locations that may not be secured. Other participants may have others present that may or may not be visible, who may be able to see or hear what is being communicated in the group; may record all or a portion of the group without the other participants' knowledge; may receive other private information with or without your knowledge, and there is an added risk of unintentional or unforeseen breach of privacy of personal information.

4. Photograph may be taken for identification purposes and kept in client file.

By signing, you agree to keep other group participant's information confidential and to join group from a secure location, and agree not to record any portion of the group. Additionally, you understand the potential risks of group treatment via telehealth and consent to participate in telehealth group treatment.

Signature of Client: _____

Date: _____

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