



Monterey County Behavioral Health Informed Consent

PERSON IN CARE: _____ DOB: _____
PERSON GIVING CONSENT: _____ RELATIONSHIP TO CLIENT: _____

PURPOSE

I would like services for myself or my child from Monterey County Behavioral Health (MCBH) and/or its contracted providers. I was informed this document contains information about MCBH services that may be helpful for me in deciding if MCBH services are right for me or my child. An MCBH provider talked to me about the information in this document and answered my questions in order to understand this information.

If I am a minor, I was informed of services for minors and how they may be different than services for adults. I was also given the MCBH Minor Consent form.

MY RIGHTS

I was informed of my or my child's rights as an MCBH client. I was provided with the MCBH Consumer Rights document which contains my or my child's rights as an MCBH client. For Substance Abuse Treatment Services, this information is provided in the Monterey County Beneficiary Handbook for Substance Use Disorder Treatment Services.

PRIVACY PRACTICES

I was informed about how MCBH will protect my or my child's privacy and keep my or my child's health information private. I have been offered a copy of the MCBH Notice of Privacy Practices, which has information about how my or my child's private health information may be used and disclosed under the law. I understand that in certain situations information must be disclosed. For example, MCBH staff members are mandated to report if there is a reasonable suspicion of child abuse or elder abuse; if there is a threat to my or my child's physical safety; or if there is a threat to the safety of others. For Substance Abuse Treatment Services, information on Privacy Practices is provided in the Monterey County Beneficiary Handbook for Substance Use Disorder Treatment Services.

SERVICES

I was informed MCBH services focus on mental health and substance abuse issues. I am aware my or my child's information and records may be shared between mental health and substance abuse programs and providers for the purpose of providing treatment. I was provided with the Authorization for Use, Exchange, and/or Disclosure of Confidential Behavioral Health Information within Monterey County Behavioral Health.

I was also informed of the various types of services provided by MCBH. I am aware my or my child's needs may not require all of these types of services. An interactive assessment process involving myself, my child (if applicable), and an MCBH provider determine the amount and types of services offered and provided.

RISKS AND BENEFITS OF SERVICES

I was informed behavioral health services may have risks and benefits. I am aware that behavioral health services may involve discussing difficult aspects of my or my child's life and making changes to psychiatric medication I or my child may take and/or substance abuse treatment. I or my child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. I or my child may also experience an increase in the symptoms as I or my child work through issues or as my or my child's medications are being changed and/or added to the course of treatment.

I am also aware behavioral health services have been shown to have benefits. For example, psychotherapy and/or substance abuse treatment may lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Psychiatric medication may alleviate symptoms of mental health issues.

I was informed there are no certainties about what I or my child will experience as I or my child receive services and how successful services will be. I understand that there is no "magic formula" for behavioral health services. It requires an investment of time and effort from all involved and openness to what change and success may look like.

SERVICES ARE VOLUNTARY

I was informed participation in MCBH services is voluntary, except for certain situations where MCBH is legally required to provide services even if it is involuntary, such as 5150/5585 psychiatric holds or conservatorships.

I was also informed that even if I am or my child is Court-ordered as part of a juvenile justice, criminal, or dependency (CPS) case, I can still choose not to participate in MCBH services. I am aware that consequences that may arise due to my decision not to participate in Court ordered services are my responsibility. It was recommended that I speak with my or my child's attorney, probation officer, and/or CPS worker to make the best possible decision regarding participating in Court-ordered services.

ELIGIBILITY FOR SERVICES

Eligibility for MCBH services is determined by a combination of laws, regulations, and MCBH policies. I was informed if an assessment determines that I am or my child is no longer eligible for MCBH services, the reasons I am or my child is ineligible will be discussed with me. I will also be provided an MCBH Notice of Adverse Benefit Determination (NOABD) that explains these reasons and information on the appeals process. I will then be given referrals to other service providers, as appropriate, that may meet my or my child's needs.

MCBH SERVICE PROVIDERS

I was informed MCBH providers come from different educational and professional backgrounds and have a variety of experience levels and licensure. MCBH providers only provide services that are allowed by law for their specific education, experience, profession, and licensure.

I was informed MCBH utilizes some unlicensed professionals that are in the process of completing their requirements for clinical licensure. These providers/clinicians are authorized by law to provide mental health services under the supervision of a licensed mental health professional.

I or my child may receive services from some of these individuals. They will clearly identify themselves, as well as their supervising provider/clinician. I will be provided with the MCBH Unlicensed Clinician form before they provide services to me or my child. I may call the supervising licensed clinician if I have any questions about this arrangement. For Substance Abuse Treatment Services, individuals who do not meet the criteria noted above, shall be registered and/or certified by appropriate certifying boards as required by regulations. Often times, these staff are referred to as Certified or Registered Alcohol and Drug Treatment Providers.

AVAILABILITY OF MCBH PROVIDERS AND CRISES/EMERGENCIES

I was informed MCBH providers are generally available during regular County business hours, which are 8am to 5pm, Monday to Friday except during County holidays. I was also informed of the alternative hours if the program providing my or my child's services has different hours of availability, for example services provided through specific funding and residential treatment services.

If the MCBH provider working with me or my child is not available during business hours, I or my child can leave messages in the provider's confidential voicemail if they have one available. I or my child can also contact the provider's supervisor or a designated on-call provider if I or my child needed to speak with someone during business hours. For programs which require 24-hour on-call availability, the contact information is posted and provided within the individual program.

For non-urgent matters after-hours, I or my child can leave messages in the provider's confidential voicemail (if they have one available) or with MCBH's after-hours telephone service. For urgent or crisis situations, I or my child can contact the MCBH 24/7 Access line 888-258-6029 and follow the prompts to reach the Crisis Team. We may also contact the Child and Adolescent Mobile Response Team (MRT) that is operated by Seneca for community crises at 831-687-4379.

For emergencies, I was informed my family or I should call 911. For programs which require emergency service availability, the contact information is posted and provided within the individual program.

CHANGE OF CLINICIAN/PROVIDER

I was informed I can request a change of MCBH mental health provider at any time by completing an MCBH Change of Clinician form, which is available at all MCBH clinics. I was also informed requesting a change of provider does not guarantee a change. There may be significant administrative or treatment issues that may not make the change possible. An MCBH supervisor or manager will provide me the reason(s) the change is not possible. For Substance Abuse Treatment Services, I may request a change of provider directly with the program manager or supervisor.

FEES AND BILLING MEDI-CAL, MEDICARE, AND/OR INSURANCE

I was informed MCBH will ask me to provide my financial information on annual basis. This information will be used to calculate service fees that I may be responsible for paying. For Substance Abuse Treatment Services for Drug Medi-Cal Beneficiaries, Drug Medi-Cal funding shall be accepted as payment in full.

I was also informed any private insurance will be billed by MCBH before billing Medicare and/or Medi-Cal. I will consult with my private insurance, Medicare social worker, and/or Medi-Cal eligibility worker if I have any

questions about my or my child's coverage, deductibles, and co-pays. If I or my child has private insurance or Medicare, I was provided with the MCBH Authorization to Bill Private Insurance or Medicare form.

ADDITIONAL DOCUMENTS FOR MEDI-CAL CLIENTS

If I or my child has Medi-Cal, I was offered the Guide to Medi-Cal Mental Health Services handbook and/or the Monterey County Beneficiary Handbook for Substance Use Disorder Services, which contains details about my or my child's behavioral health benefits as a Medi-Cal beneficiary.

COMPLAINTS AND GRIEVANCES

I was informed I may file a complaint or grievance if I am dissatisfied with the services I or my child receives from MCBH and its contracted providers. I or my child will not be subjected to any penalty for filing a complaint, grievance, or an appeal. I was offered a copy of the MCBH Problem Resolution document, which explains how I can file a complaint, grievance, or appeal. For Substance Abuse Treatment Services, the problem resolution process is located within the Monterey County Beneficiary Handbook for Substance Use Disorder Services.

INFORMED CONSENT

By signing below, I acknowledge that I understand the information contained in this document. I agree to receiving Behavioral Health Services

Person in Care's Signature: _____

Date: _____

Authorized Representative Signature: _____

Date: _____

Staff Signature: _____

Date: _____