

FORM 1-01
JOB CORPS — INFORMED CONSENT TO RECEIVE
MENTAL HEALTH AND WELLNESS TREATMENT

I, _____, consent to receive services from Job Corps,
Print Name of Job Corps Applicant/Student

through appropriate mental health personnel, to promote and maintain my mental and emotional well-being. The services may involve mental health and/or substance abuse counseling, educational activities, monitoring of medications, and other methods and services as deemed necessary by the wellness staff.

The services may be provided in-person or via telemental health, which in the context of this consent form refers to clinical services that are provided remotely using Health Insurance Portability and Accountability Act (HIPAA)-compliant video conferencing technology, telephone, text, or email. The mental health personnel and I will discuss and select the best modality to use.

I have the option to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

I understand the privacy laws that protect the confidentiality of my protected health information (PHI) apply to both in-person and telemental health unless an exception to confidentiality applies.

The Job Corps center operates its mental health and telemental health services using a team-based approach and I understand that all treatment will be treated as confidential in compliance with 29 C.F.R. § 38.41, except in the following special circumstances:

- If the mental health personnel believes it is in the best interest of my treatment to share information with other center staff, they will do so only on a need-to-know basis as allowed by the authorization for disclosure under HIPAA that I have signed, and to the extent applicable, by 29 C.F.R. § 38.41.
- If I become a danger to myself or others, center staff will take measures to maintain my safety and the safety of others. This may include a medical separation, if applicable, in accordance with direct threat policy PRH Form 2-04 based on an evaluation by the health and wellness staff.
- If I disclose any past or present abuse of a minor, center staff are legally required to report the abuse to the appropriate children's social services agency.
- If I disclose any past or present abuse of an elder, center staff are legally required to report the abuse to the appropriate adult protective services agency.

Specifically, I understand the following with respect to telemental health:

- 1) I understand that one of the benefits of telemental health is that I can meet with mental health personnel without being in the same physical location. This can be helpful in providing continuous service on center and when Job Corps is in virtual operating status.
- 2) I understand there are risks and consequences associated with telemental health, including but not limited to, disruption of services by technology failures. I understand that delays in mental health evaluation and treatment could occur due to deficiencies or failures of the equipment or technology used for the provision of telemental health services.

- 3) I understand that security protocols could fail, causing a breach of privacy of protected health information by unauthorized persons.
- 4) I understand that the use of telemental health services may not be appropriate for emergency communications or urgent requests.
- 5) I understand that mental health personnel will take reasonable steps to ensure my privacy. Specifically, except as outlined above, they will be in a private room during telemental health sessions, with no other individuals present unless I provide consent.
- 6) I understand as a participant in the Job Corps program I may have access to computer, telecommunication equipment and internet access for telehealth sessions either on campus or as a participant in Job Corps' distance learning program. To the extent possible, I will find a private place for sessions where other people are not present and cannot overhear the conversation.
- 7) I understand that there will be no recording of any of the sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law. All existing laws regarding access to and copies of my medical records apply.
- 8) I understand that during my first telemental health session, plans will be developed for (a) back-up communications in case of technology failures, and (b) responding to emergencies and mental health crises. This will include identification of nearest hospital, an emergency contact person, contact information for appropriate authorities in case of an emergency, and if I am a minor, my guardian's contact information.
- 9) I understand that if mental health personnel determine telemental health is no longer appropriate, we will discuss other options for receiving mental health services, such as in-person counseling or referral to another professional in my location who can provide appropriate services.
- 10) I understand that Job Corps will provide adjustments, modifications, auxiliary aids and services, and other reasonable accommodations needed by me to take full advantage of telehealth services, unless doing so would impose an undue burden on Job Corps.

I have read and understand the above information concerning mental health and wellness assistance, telemental health, my privilege of confidentiality, and the limitations to it. This consent is effective for the duration of my enrollment in Job Corps.

Job Corps Applicant/Student Signature

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Date

Parent Signature (Required if Applicant/Student is a Minor)

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Date

Admissions Counselor/Wellness Staff Signature

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Date