

LVS Client Contract-INFORMED CONSENT/ADDENDUM TO PROGRAM CONTRACT-6/2025

Please Note: This consent is in addition to the standard contract & consent for counseling services at **CASCADE CIRCLE** and is not intended to be exhaustive.

I _____ understand that I am about to engage in *live virtual service (LVS)* session with above Drinking Driver Program (Program)

1. I understand that LVS technology will not be the same as an in-person session with a provider due to the fact that I will not be in the same room as my provider.
2. I understand that the same confidentiality protections, limits to confidentiality, and rules around my records apply to an LVS session as they would an in-person session, as lined out in the Program Contract and 42 CFR Part 2. I **MUST** respect the confidentiality of fellow participants, understanding that breaching confidentiality may result in termination from the program.
3. I understand that participation in LVS with technology carries the risk of disconnection, interruptions and technical difficulties.
 - a. I understand that my provider can discontinue any video session if the videoconferencing connections are not adequate for the situation.
 - b. I will contact the office immediately if this happens or I am having technical difficulties. (Call 530-222-8302 or email cascadecircle@cascadecircle.net) Phones are on during business hours only. Emails are monitored continuously, however responses will not be made immediately, if there is nothing the program can help with like computer or internet issues or if it was an issue that should have been taken care of during business hours like meeting ID numbers.
 - c. For general Zoom & Jot Form questions please contact the office during business hours, the office can do test runs to be sure you are prepared.
 - d. I understand the message I leave will document the situation I am having and prevent charges to my account up to two times. Thereafter it may be best to attend in person to avoid fees.
 - e. I understand that it is my responsibility to be ready for the live virtual session. This includes having my schedule and Meeting ID# ready also assuring my device and internet are in proper working order and charged as needed. Not being prepared for the session does not constitute a technical issue.
 - f. If I have technical issues during the session if I can return to my meeting within 1-2 minutes, I will be allowed back the first time. If it happens again, I will be allowed back in, but I am then aware and reminded I will not be allowed in the third time. I will need to get rescheduled for the group by calling the office the next day and there will NOT be an additional charge to my account. I also understand that if my technical issues cause me to not have enough minutes to on the zoom report then I will NOT get credit for my session.

- g. I understand the website provides information and instructions that I may find helpful.
4. I understand that I am to log in to my session early, using the Meeting ID # on my schedule for each date. There is no grace period for tardiness. I understand I will not be allowed into the group if I am late, and I will be given an absence.
 5. I understand that I **MUST** electronically sign in for each session using the JotForm platform. A JotForm link will be placed in the Zoom chat at the beginning of the session. A signature cannot be a line or symbols, it must resemble a signature. I understand the way to be assured that it is signed is to watch for the "Thank You" message at the end of the directions.
 6. I understand that I am required to attend the full length of the 120-minute groups and/or education sessions and the full length of 15-minute face-to-face sessions. If I attend less, I will be given zero credit.
 7. I understand I **MUST** enter my first and last name prior to entering the session, I can enter my name just below where I enter the meeting ID number. I understand that if my name does not match the roster, I will not get credit for the session.
 8. I understand that my audio must be working but can be muted when not speaking.
 9. I understand that my speaker must be working and loud enough to hear during the meeting.
 10. I understand that my video (camera) must be on for the full length of each session. If it is turned off, I will be dismissed from the session with no credit.
 11. To protect the confidentiality of all clients, I agree to be **ALONE** the entire session, if I am found to have another person in the area, I will be dismissed from the session with zero credit given. Please see #2 above.
 12. I understand that I must stay engaged for the full length of the session. I understand that I am not to be participating in activities such as driving, walking, cooking, working, exercising, or anything that may be a distraction to the group. If I am found to be a distraction I will be dismissed from the session with zero credit.
 13. I understand that I must do my session in a quiet location.
 14. I understand that I must sit upright during my session and my full face must be seen during the entire session. I understand that the room must be well lit for me to be seen clearly on the screen. If I am laying down or in a dark room, I will be dismissed from the session with zero credit.
 15. I understand there is to be no alcohol or drug use before or during the session, if it is deemed that I am under the influence I will be dismissed from the session as well as terminated from the program.
 16. I understand there is no smoking or vaping during the full time I am signed into the session.
 17. I agree to not use a virtual or blurred background during any of the sessions.

18. I understand that the rollcall will be taken two times during the session, I must be present for both, with the name on the screen matching the name called.
19. I agree to not tape, record or screenshot these sessions by any means. Doing so will breach your contract and could result in termination of program.
20. I understand it is my responsibility to call the office if I am having any difficulties. We do offer *services* in the office if needed.
21. I understand that the program may decide to terminate *LVS*, if they deem it inappropriate for me or for the program.
22. Consequences for not complying with this contract can result in dismissal from groups with NO credit and/or dismissal from LVS as well as possible termination of the program.

LVS Screening questions: (Please answer Yes or No)

_____ I have access to internet-enabled devices. (computer, phone or tablet with video and audio capabilities)

_____ I can operate internet-enabled devices.

_____ I have access to reliable internet.

_____ By marking "yes" I WISH TO ATTEND VIA ZOOM

_____ By marking "yes" I WISH TO ATTEND IN PERSON

_____ By marking "yes" I AM ABLE TO ATTEND A COMBINATION OF BOTH IF NEEDED

Counselor: _____ agrees client appears suitable for LVS

By signing, I have read or had this form read and/or had this form explained to me. I have been given an opportunity to ask questions, and any questions have been answered to my satisfaction. I fully understand its contents including the risks and benefits of the procedure(s). I understand I can call the office for help during my program.

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____