

**COUNTY OF SOLANO - DEPARTMENT OF HEALTH & SOCIAL SERVICES  
BEHAVIORAL HEALTH DIVISION**

**Consent Agreement**

I have been provided the “Combined Consent Information Packet” describing Consent for Treatment, Consent for Telehealth, and Consent for Email/Text. I have reviewed this information with a staff member and have had the opportunity to ask questions. Below I am acknowledging my consent to those items initialed as “Agree”.

Agree	Do Not Agree	<b>Documents Reviewed and Agreed To</b> (additional copies available at the link below) <a href="http://www.solanocounty.com/depts/bh/access_to_services/default.asp">www.solanocounty.com/depts/bh/access_to_services/default.asp</a>
		<b>Consent for Behavioral Health Services</b>
		<b>Consent for Telehealth</b>
		<b>Consent for Email with the email address identified in the medical record</b>
		<b>Consent for Text with the phone number identified in the medical record</b>

I have received a copy, or information on how to access an electronic copy, of the documents I initialed on this Consent Agreement. I have had a chance to ask questions regarding these documents and to discuss them with my provider.

<b>Client Signature:</b>  	<b>Date:</b>  
<b>Print Name of Client’s Authorized Representative (if applicable):</b>  	<b>Relationship to Client:</b>  
<b>Signature of Client’s Authorized Representative (if applicable):</b>  	<b>Date:</b>  

**Client refuses or is unable to sign but verbally agreed to indicated items on the date below.**

**Explanation as to why no initial signature:**

\_\_\_\_\_  
Staff Initials    Date

<p style="text-align: center;">SOLANO COUNTY BEHAVIORAL HEALTH DIVISION <b>CONSENT AGREEMENT</b> <i>Confidential Patient Information</i> See California Welfare and Institutions Code Section 5328 and Health Information Portability and Accountability Act Privacy and Security Rules    Page 1 of 1</p>	<b>CLIENT NAME:</b>  <b>MEDICAL RECORD #:</b>  
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