

# Staff Attestation for Telehealth Services

I, \_\_\_\_\_, attest to the following:  
Name and classification or licensure

1. I have notified the beneficiary and, if the beneficiary is under 18 years old or under conservatorship, the beneficiary's legal guardians that I am providing the service from an alternate service location.
2. I have reviewed the *Guidelines for Use of Telehealth Treatment* with the beneficiary (and their legal guardians if applicable).
3. I have obtained verbal acknowledgement and agreement from the beneficiary (and their legal guardians if applicable) that they consent to receive services through this medium. Documentation of this verbal consent can be found in the client record.
4. I have provided the beneficiary (and their legal guardians if applicable) with Problem Resolution and Member Services contact information so that in the event they are dissatisfied with their service they can report it directly:  
Monday – Friday, 8 a.m. – 5 p.m.  
Phone: (916) 875- 6069  
TTY/TDD: (916) 875-8853  
Email: [QMInformation@saccounty.net](mailto:QMInformation@saccounty.net)
5. I have discussed safety plans and provided the beneficiary (and their legal guardians if applicable) with contact information and instructions in the event they have an increase in symptoms or a crisis.
6. I have followed all Federal, State, County and Agency rules and regulations pertaining to HIPAA Privacy Practices including:
  - a. I have used a HIPAA compliant secure conferencing application.
  - b. I have provided services in a setting that is private and were no PHI can be seen or heard by those who are not employed by \_\_\_\_\_ agency or who are not \_\_\_\_\_  
Agency Name  
included in a Release of Information (ROI) signed by the beneficiary (and their legal guardians if applicable).  
I have entered all documentation into \_\_\_\_\_'s EHR and no PHI is \_\_\_\_\_  
Agency Name  
stored at the alternative service site location.
  - c. I have not used or given out my personal cell phone, email address, or social media information as a means of communication with the beneficiary (and their legal guardians if applicable).
  - d. I have not recorded any communication with the beneficiary to any personal or agency owned devices.

Failure to comply with HIPAA, the California Medical Information Act, and, if applicable, 42 CFR Part 2 or California Welfare & Institutions Code section 5328 may result in penalties, fines and sanctions.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_