

The Awareness Group

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Dear Client,

As you are aware, the Novel Coronavirus (COVID-19) has impacted the daily lives of all Californians. The latest direction from the Department of Health Care Services (DHCS) allows for the provision of temporary Remote Client Services also known as Telehealth.

To avoid a delay in completing your DUI Program, The Awareness Group will begin offering Remote Client Services on 03/23/2020.

Remote Client Services will enable you to continue your DUI classes with a certified counselor via a virtual meeting platform (Zoom) temporarily during the COVID-19 crisis.

To participate in Remote Client Services, you must:

- Sign the Client Letter and return it to The Awareness Group by email.
- Register a minimum of 72 hours in advance for the session you would like to attend. You will receive an email link to join the session.

To receive credit for the session, you must:

- Attend the session in a private room, free of distractions. No children or pets can be with you
- Stay for the entire session.
- Not be under the influence of alcohol or other drugs during the session.
- Not be riding in or driving a motor vehicle during the session.
- There is a \$20 fee for each telehealth session that you miss

Certain technology is required to participate in this program. You must have either a computer, tablet, or phone with a working microphone, speakers, and a camera. You must also be able to download the free Zoom software onto a computer or download the Zoom application on a tablet or phone.

To take advantage of this unique opportunity and keep your DUI treatment program on track, read the privacy policy on the next page and sign where indicated. Return the signed page via email to: The Awareness Group at info@theawarenessgroup.org.
If you have any questions, please contact us at (760)342-1233.

Sincerely,

Awareness Program Staff

Privacy Policy for Remote Client Services

The Awareness Group will provide Remote Client Services (Telehealth) utilizing the Zoom Virtual Meeting Platform. Some personal information such as your name, email address, and computer IP address will be shared with Zoom. Additionally, some information (such as name and email address) may be recorded and uploaded to a cloud for documentation of session completion. To participate in Zoom meetings, you must read and agree to [Zoom's Privacy Policy](#).

The Awareness Group will continue to maintain confidentiality as stated in our Confidentiality Policy. Clients will also be held to the Confidentiality Agreement signed upon enrollment. To participate in temporary Remote Client Services, sign the release below and email the signed page to: info@theawarenessgroup.org.

Remote Client Services Release

I (print your name) _____, agree to participate in temporary Remote Client Services (Telehealth) at The Awareness Group. I understand that specific technology is required to participate, and I certify that I have access to the required technology. Additionally, I have read and understand the Zoom privacy policy. I understand that Remote Client Services are being offered on a temporary basis due to the Coronavirus (COVID-19) pandemic, and that once the threat is eliminated, client services will then be available at the DUI Program location only.

To receive credit for the session, I understand that I must:

- Attend the session in a private room, free of distractions. No children or pets can be with you
- Stay for the entire session.
- Not be under the influence of alcohol or other drugs during the session.
- Not be riding in or driving a vehicle during the session
- There is a \$20 fee for each telehealth session that you miss

I understand that fees for DUI Program services will apply during this time, and that I can make payments online at www.theawarenessgroup.org/pay.

Class registration information can be found at www.theawarenessgroup.org/covid19. All registrations should be submitted a minimum of 72 hours (3 days) before the class is scheduled to begin.

I have read and agree to The Awareness Group and Zoom's Privacy Policy.

Name – Printed

Signature

Date

Email Address: _____

Date of Birth: _____