

ABC Programs
Novel Coronavirus (COVID-19) Response
Remote Client Services

Privacy Policy for Remote Client Services

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

ABC Programs will continue to maintain confidentiality as stated in our Confidentiality Policy. Client's will also be held to the Confidentiality Agreement signed upon enrollment.

To participate in temporary Remote Client Services, sign the release below return the signed page via e-mail to hgardens_abc@abctrffic.com or in person to 12100 E. Carson St. Suite E, Hawaiian Gardens, CA 90716.

Remote Client Services Release

I (print your name) _____, agree to participate in temporary Remote Client Services (Telehealth) at ABC Programs. 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 RingCentral 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.
- Be logged on to the session before the start time.
- Stay for the entire session.
- Not be under the influence of alcohol or other drugs during the session.
- Register for meeting with FULL First and Last Name.

I understand that fees for DUI Program services will apply during this time, and that ABC Programs may provide me with alternate payment options and methods during the Remote Client Services time period.

I have read and agree to ABC Programs and RingCentral's Privacy Policy.

Name – Printed

Date

Name – Signature

Date