



## Virtual Services Agreement

Dear Client,

IT SHOULD BE UNDERSTOOD THAT THESE RULES AND REGULATIONS GOVERNING THIS CONTRACT ARE SET FORTH BY THE COUNTY OF SAN BERNARDINO, DEPARTMENT OF BEHAVIORAL HEALTH-ALCOHOL AND DRUG SERVICES, AND BY THE STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES. "PROGRAM'S" ROLE IS TO ASSURE THAT EACH PARTICIPANT ADHERES TO THE REQUIREMENTS AS SET FORTH. THE PARTICIPANT AGREES TO ABIDE BY SAID RULES.

We are pleased to provide Virtual Services as an alternative to attending a DUI program in-person. Please note that both in-person and virtual services are both available to attend. A participant can select to do just Virtual services, in-person, or a hybrid combination of both. A participant can change between types of services during your program to accommodate your schedule.

### **PROGRAM RULES/PARTICIPANT RESPONSIBILITY**

Virtual Services will enable you to attend your DUI classes with a certified counselor via the Zoom virtual meeting platform. To participate in Virtual Services, you must:

- Sign the Virtual Services Letter and return it to Jackson-Bibby Awareness Group Inc. to the email based on your location:
  - Redlands: [redlands.admin@jacksonbibby.com](mailto:redlands.admin@jacksonbibby.com)
  - Victorville: [victorville.admin@jacksonbibby.com](mailto:victorville.admin@jacksonbibby.com)
- Register in advance for the session via an email link that will be sent to you in advance of the scheduled session.
- To receive credit for the session, you must:
  - Register with your full name as provided to us at Enrollment. Credit will not be given if any aliases or other screen names are input into Zoom.
  - Make sure you have paid for your virtual session in advance. Payment of credit card or debit card is only accepted at this time and payments can be made over the phone in advance.
  - Be In the virtual meeting at the provided start time. It is recommended that arrive at least 10 minutes early so that you can make sure the program is downloaded and all speakers and microphones are working.
  - Attend the session in a private room, free of distractions.
  - Stay for the entire session and participate when called upon.
  - If you attempt join the Zoom room after the scheduled start time, you will not be allowed in and you will be marked as absent.

### **CONNECTIVITY/ATTENDANCE**

If you have issues with connectivity or attending, please contact the office that you are enrolled at by either phone or email. Their info is as follows

- Redlands: [redlands.admin@jacksonbibby.com](mailto:redlands.admin@jacksonbibby.com) / Phone (909) 792-6925
- Victorville: [victorville.admin@jacksonbibby.com](mailto:victorville.admin@jacksonbibby.com) / Phone (760) 241-3300

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 (for video meetings).*** You must also be able to download the free Zoom software onto a computer or download the Zoom application on a tablet or phone.

You are responsible for having working devices and a reliable connection to Zoom through the internet or cellular service. If you are disconnected, please re-enter the Zoom meeting as soon as possible. If you cannot immediately rejoin, you will need to send the office an email describing why you were disconnected. If you are not able to rejoin right away, you will not be given credit for the class. A leave of absence may be given if you can provide documentation showing that you lost service through both internet and cellular during the time of your group. A leave of absence fee will apply. If you cannot provide documentation or do not rejoin the group immediately, you will be marked as absent, and an absence fee will apply.

**PROGRAM SOBRIETY/ABSTINENCE**

All Program participants must comply with the Program sobriety regulations as defined in Subsection 9874 of Title 9 of the California Code of Regulations.

This is up to the counselor’s and administrators’ discretion. This includes but is not limited to: a participant abnormally slurring of speech; visual evidence of the participant ingesting drugs or alcohol; and a participant admitting that they are currently under the influence of drugs or alcohol. If you are determined to be under the influence, you will not be given credit for the session and will be subject to termination from the program.

The DUI program shall determine whether the participant is under the influence of drugs or alcohol by either: requiring the participant to submit to testing with a chemical device designed to determine if an individual is under the influence or if two or more staff members documenting the behavior in the participant’s program record. Title 9 Section 9874 (c) (2).

If the DUI program determines that the participant is under the influence of drugs or alcohol, the DUI program shall advise the participant that he/she may obtain a drug test at his/her own expense in order to refute the determination of being under the influence of drugs. Title 9 Section 9874 (e) (1). If the participant chooses to obtain a drug screening, it must be conducted by a clinical laboratory licensed by the Department of Health Services and must be conducted within 24 hours of the DUI program determination that participant was under the influence.

**TERMINATION FOR PROGRAM NON-COMPLIANCE**

A participant shall be terminated and referred back to the sentencing Court/Probation for the reasons outlined in your contract. In addition, a participant shall be terminated for failure to comply with the policies and procedures outlined in this Virtual Services Agreement.

**AGREEMENT**

Please read the privacy policy on the next page and sign where indicated. Return the signed page via email the email option listed above. If you have any questions, please email or contact your program location’s manager. This Virtual Services Agreement does not override the contract you have signed, it only supplements the rules and regulations.

I have read and agree to Jackson-Bibby Awareness Group, Inc’s Virtual Services Agreement & Policy.

\_\_\_\_\_  
Client Name – Printed \_\_\_\_\_  
Current Email Address

\_\_\_\_\_  
Client Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Name – Printed \_\_\_\_\_  
Counselor Signature \_\_\_\_\_  
Date



## Privacy Policy for Virtual Services

Jackson-Bibby Awareness Group, Inc. will provide Virtual Services utilizing the Zoom Virtual Meeting Platform. To participate in Zoom meetings, you must read and agree to Zoom's [Privacy Policy](#).

Jackson-Bibby Awareness Group, Inc 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 Virtual Services, sign the release below and email the signed page to the following:.

- Redlands: [redlands.admin@jacksonbibby.com](mailto:redlands.admin@jacksonbibby.com)
- Victorville: [victorville.admin@jacksonbibby.com](mailto:victorville.admin@jacksonbibby.com)

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### Virtual Services Release

I (print your name) \_\_\_\_\_, agree to participate in Virtual Services at Jackson-Bibby Awareness Group, Inc. 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. To receive credit for the session, I understand that I must adhere to the policies outlined in the Virtual Services Agreement.

I have read and agree to Jackson-Bibby Awareness Group, Inc and Zoom's Privacy Policy.

\_\_\_\_\_  
Client Name – Printed

\_\_\_\_\_  
Current Email Address

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Name – Printed

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date