

# How to Guide: Avatar Clinical Consent Form

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## ABOUT THE AVATAR CLINICAL CONSENT FORM

The Avatar “Clinical Consent Form” is used for completing the following consents directly on Avatar.

*This form is called the “SUD Clinical Consent” for SUD programs and the directions below are the same for both the Clinical Consent Form and the SUD Clinical Consent.*

- Advanced Health Care Directive Notice
- Assignment of Benefits
- Consent to Treatment
- Release of Information
- Notice of License/Registration/Trainee
- Consent to Electronic Communication

**All of the above consents should be competed at the onset of treatment with the client** but can also be completed at any time over the course of treatment if needed. A brief description of each of the consents and how to complete them can be found in this guide. For a more detailed explanation of how to explain these consents to your client see the document titled “Avatar Clinical Consent Form Scripts” on the QM website.

When using the Avatar “Clinical Consent Form,” you are completing the consents electronically, directly on Avatar, there is no need to complete the paper versions of these consents. **You may complete more than one of the consents at one time by selecting any of the consents you would like**

**to complete, with the exception of the Release of Information, which must be completed on its own/individually for each person or agency that the client would like BHRS to have communication with or release information to.**

After you have completed all of the required fields of the consents you have selected to complete, and hit submit, the copy of the completed consents and any corresponding documents will automatically generate. For example, when you complete the Consent to Treatment, the consent information provided by the client, plus the Notice of Privacy Practices (NPP), which is already uploaded into Avatar, will automatically generate as the NPP is a part of the Consent to Treatment that is mandated to be offered to the client at the time they consent to treatment. **This packet of information can then be printed and provided to the client, saved as a PDF to your computer and emailed securely (put #sec# in the subject line of the email) to the client, or you can simply close out of the screen if the client declines a copy of the information.** Should the client want a copy of the information at a later date this packet of information is automatically saved in Avatar and can be generated again at any time by opening up the Clinical Consent Form and selecting the consent(s) you completed at that time from the list. By hitting "Submit" again, the completed forms will generate.

The client can have the Clinical Consent Form documents provided to them in the following languages. You will see the option to select the language under the question that reads "Language for Printed Version."

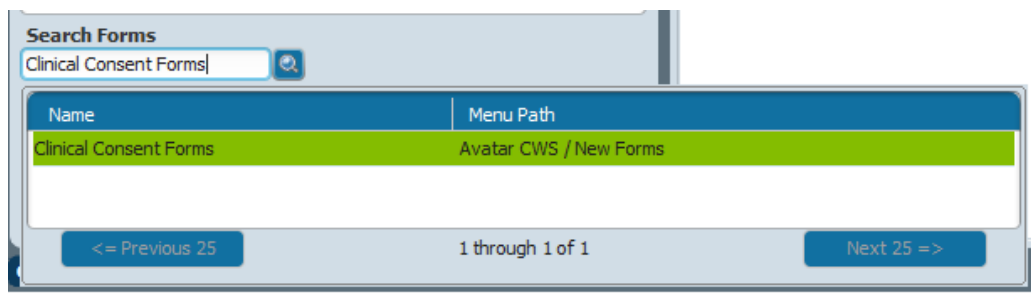
- English
- Spanish
- Chinese
- Russian
- Tagalog
- Tongan

*\*Please note that there is a portion of the document that will not be translated and can only print in English (this portion is the generic questions that can be found at the top half of the form). This information must be verbally translated to the client if needed.*

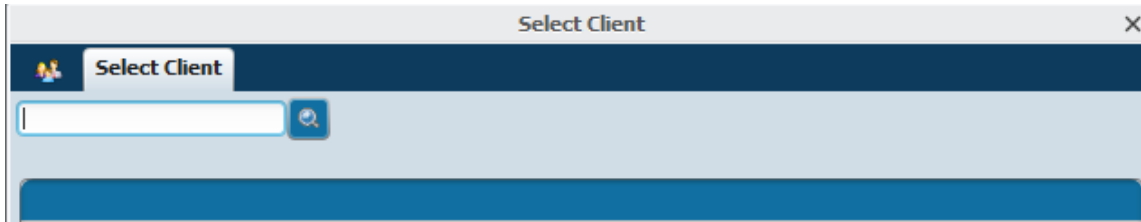
*At this time, only the above languages are available for the printed version. If you do not see the language your client prefers listed, please select English. If your client requests a copy of this information in their preferred language that is not listed here, you can contact ODE to submit a translation request.*

## WHERE TO FIND THE CLINICAL CONSENT FORM IN AVATAR

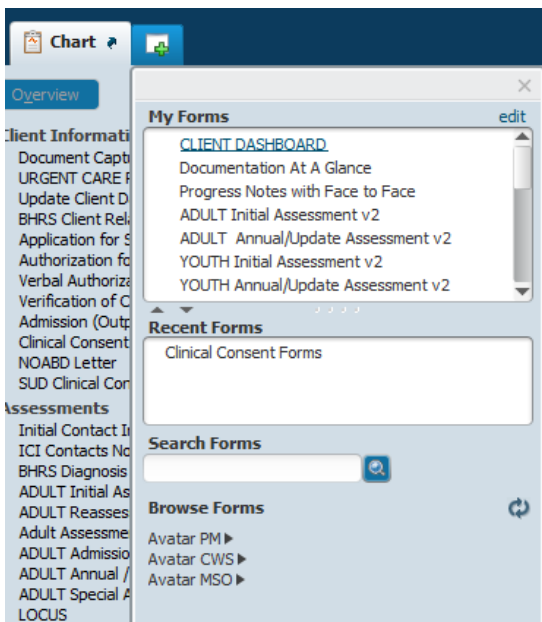
In the "Search Forms" filed, type in "Clinical Consent Forms" and select the form.



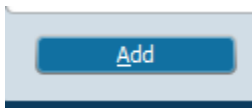
This will prompt you to enter the client you would like to complete the consent for. Enter the client and select to open the form for the client.



You can also search for and open this form from the client's chart by selecting the "+" to open a new tab.



To complete new consents, select "Add."



The "Clinical Consent Form" will open.

The screenshot shows the 'Clinical Consent Forms' interface. On the left, there is a sidebar with a 'Consents' menu and a 'Submit' button. The main area contains several sections:

- Is this a Release of Information?**: Radio buttons for 'Yes' and 'No'.
- Consent Type**: A list of checkboxes for 'Advance Health Care Directive Notice', 'Assignment of Benefits', 'Consent to Treatment', 'Release of Information', 'Notice of License/Registration/Trainee', and 'Consent to Electronic Communications'.
- Was this contact in English?**: Radio buttons for 'Yes', 'No', and 'N/A Client/Family not present'.
- Language**: A dropdown menu for 'Language' and a text field for 'Other Language'.
- Language services offered?**: Radio buttons for 'Yes-Accepted', 'Yes-Declined', 'No', and 'Clinician/Staff Provided'.
- Other Interpreter**: A text input field.
- General Comments**: A text area with a note: 'Include explanation for Verbal Consent or Other reasons unable to offer copy. Include names of others involved in consent review and details/comments about consent process/limits.'
- Right-hand side**: Contains links for 'Clinical Consent Forms Guide' and 'Clinical Consent Form Script'. It also includes a dropdown for 'Language for Printed Version', a note 'This provider reviewed this consent form with the Client or Parent/Guardian/Representative', a dropdown for 'Person authorizing consent' (with radio buttons for Client, Parent/Guardian, Representative), a text field for 'Name of Parent/ Guardian/ Representative', a date picker for 'Date of Client or Parent/ Guardian/ Representative Consent' (set to 03/21/2023), a note 'The Client or Parent/Guardian/Representative authorized/approved this consent by (If verbal consent, include reason in General Comment box)', and a dropdown for 'The Client/Parent or Guardian was offered copy of this form' (with radio buttons for Accepted copy, Declined copy, Not offered/ given website URL, Not offered/ Public Health Emergency, Other).

## HOW TO COMPLETE THE GENERAL CONSENT SECTION

The top half of the “Clinical Consent Form” must be completed no matter what type(s) of consents you are completing.

*A reminder that a “Release of Information” must be completed on its own for each person or agency and cannot be completed at the same time as the other forms listed under “Consent Type.” See the Release of Information section under “How to Complete Consent Specific Questions Sections” for more information on how to complete a ROI using the “Clinical Consent Form.”*

To complete one or more if the consents under “Consent Type,” select “No” for “Is this a Release of Information.”

This close-up shows the 'General Consent' section. The 'Is this a Release of Information?' question has the 'No' radio button selected. Below it, the 'Consent Type' section lists several options, all of which are currently unchecked:

- Advance Health Care Directive Notice
- Assignment of Benefits
- Consent to Treatment
- Release of Information
- Notice of License/Registration/Trainee
- Consent to Electronic Communications

Select all of the “Consent Types” you would like to complete. **You can select one type of consent or multiple.** The top portion of the form, the “General Consent” section, only needs to be filled out once no matter how many consents you are completing during this entry. *For each of the “Consent Types” selected, the corresponding “Consent Specific Questions” will be required on the bottom half of the form. See “How to Complete the Consent Specific Questions Sections” for more information.*

### Was this contact in English?

Answer Yes or No for sessions including the client/family. Answer N/A if a conservator or other legal representative authorized consents. You must review the consent with the client and/or legal guardian/representative. Indicate what language the contact was in and if language services were provided and/or offered.

### Language and Language services offered?

Answer if consents were reviewed in a language other than English.

**Language for Printed Version:**

Indicate what language the consent will be printed/saved in. Current languages: English, Chinese, Russian, Spanish, Tagalog, Tongan. *\*If you do not see a language listed, it is not available at this time. Please select English.*

**This provider reviewed this consent form with the Client or Parent/Guardian/Representative:**

Select whether you reviewed the consents in-person, by phone, or by telehealth-video.

**Person authorizing consent:**

Select whether it was the Client, Parent/Guardian, or Representative. For a person other than that client, type in the person's name and role.

**Date of Client or Parent/Guardian consent:**

Enter date that consent is being/was completed.

**The Client or Parent/Guardian authorized/approved this consent by:****Electronically signing this form**

- This is the preferred option and should be used whenever possible.

**Signing the hard copy of this form**

- If you select this option the consent is not considered approved/authorized until printed, signed by client/parent/representative and then given to your program admin to scan and enter in the "Admin Paper Consent Tracker."

**Verbal consent**

- You must write a comment to explain why you were unable to gain a signature electronically or signature by hand.

**The Client/Parent or Guardian was offered copy of this form:****Accepted copy**

- This is the preferred option and should be used whenever possible.

**Declined copy**

- You offered the client a copy of the form, but they declined.

**Not offered/ given website location**

- PDF version of consent forms are located at:

<https://www.smchealth.org/consents>

**Not offered/Public Health Emergency**

- You must write a comment to explain why you were unable to give/offer a copy.

## General Comments:

Include details of other people involved in the review of the consent(s). You must write a comment to explain why you were unable to gain a signature electronically or signature by hand or unable to give/offer a copy.

## HOW TO COMPLETE THE CONSENT SPECIFIC QUESTIONS SECTIONS

The following sections explain how to complete the various sections of the Consent Specific Questions. For more detailed definitions of these consents and a script of how to explain these consents to your clients, please see the QM document titled “Avatar Clinical Consent Form Scripts” on the QM website.

### Release of Information

**The “Release of Information” is used for authorization to talk to individuals/agencies and for release of parts of the medical record/chart, or the complete medical record/chart.**

Releases of Information in the Avatar “Clinical Consent Form” must be completed on their own/individually for each person or agency the client would like for BHRS to have communication with. This form cannot be completed at the same time as any of the forms listed under “Consent Type.”

- If you are completing a Release of Information, select “Yes.”
- Complete all of the required (red) sections on the top half of the form.

The screenshot displays the 'General Consent' section of the Avatar Clinical Consent Form. The form is titled 'General Consent' and includes a navigation menu on the left with options like 'General Consent', 'Consent Specific Questions', 'Consent to Electronic Com...', 'Release of Information', and 'Signature and Print/Draft'. The main content area is divided into several sections:

- Is this a Release of Information?**: Radio buttons for 'Yes' (selected) and 'No'.
- Consent Type**: A list of checkboxes including 'Advance Health Care Directive Notice', 'Assignment of Benefits', 'Consent to Treatment', 'Release of Information' (checked), 'Notice of License/Registration/Trainee', and 'Consent to Electronic Communications'.
- Was this contact in English?**: Radio buttons for 'Yes', 'No', and 'N/A Client/Family not present'.
- Language**: A dropdown menu for 'Language' and a text field for 'Other Language'.
- Language services offered?**: Radio buttons for 'Yes-Accepted', 'Yes-Declined', 'No', and 'Clinician/Staff Provided'.
- Other Interpreter**: A text field.
- General Comments**: A text area with instructions: 'Include explanation for Verbal Consent or Other reasons unable to offer copy. Include names of others involved in consent review and details/comments about consent process/limits.'

On the right side of the form, there are several informational and required sections:

- Links for [Clinical Consent Forms Guide](#) and [Clinical Consent Form Script](#).
- Language for Printed Version**: A dropdown menu with a red warning: 'If language is not available for selected consent type, select English'.
- This provider reviewed this consent form with the Client or Parent/Guardian/Representative**: A dropdown menu.
- Person authorizing consent**: Radio buttons for 'Client', 'Representative', and 'Parent/Guardian'.
- Name of Parent/ Guardian/ Representative**: A text field.
- Date of Client or Parent/ Guardian/ Representative Consent**: A date field showing '03/21/2023'.
- The Client or Parent/Guardian/Representative authorized/approved this consent by**: A dropdown menu with a red warning: '(if verbal consent, include reason in General Comment box)'. The selected option is 'Accepted copy'.
- The Client/Parent or Guardian was offered copy of this form**: Radio buttons for 'Accepted copy', 'Declined copy', 'Not offered/ given website URL', 'Not offered/ Public Health Emergency', and 'Other'.

**General Consent**

**Is this a Release of Information?**  
 Yes  No

**Clinical Consent Forms Guide** [Clinical Consent Form Script](#)

Language for Printed Version (If language is not available for selected consent type, select English)

This provider reviewed this consent form with the Client or Parent/Guardian/Representative

**Person authorizing consent:**  
 Client  Parent/Guardian  
 Representative

Name of Parent/ Guardian/ Representative

**Date of Client or Parent/ Guardian/ Representative Consent:**  
 03/21/2023 [T] [Y] [M]

The Client or Parent/Guardian/Representative authorized/approved this consent by (If verbal consent, include reason in General Comment box)

**The Client/Parent or Guardian was offered copy of this form—**  
 Accepted copy  
 Declined copy  
 Not offered/ given website URL  
 Not offered/ Public Health Emergency  
 Other

**Consent Type**  
 Advance Health Care Directive Notice  
 Assignment of Benefits  
 Consent to Treatment  
 Release of Information  
 Notice of License/Registration/Trainee  
 Consent to Electronic Communications

**Was this contact in English ?**  
 Yes  
 No  
 N/A Client/Family not present

**Language**

**Other Language**

**Language services offered?**  
 Yes-Accepted  No  
 Yes-Declined  Clinician/Staff Provided

**Other Interpreter**

**General Comments**  
 Include explanation for Verbal Consent or Other reasons unable to offer copy. Include names of others involved in consent review and details/comments about consent process/limits.

- Scroll down to the section titled “Release of Information” to complete the rest of the required information pertaining to the “Release of Information.”

**Release of Information**

**This Authorization applies to the following information (Select one or more of the following)**  
 Assessment including diagnosis  
 Treatment Plan  
 Discharge Summary  
 Full record (mental/physical/AOD/HIV)  
 Verbal info only, no chart release  
 Other

**This information will be used for the following purpose(s)**  
 Assessment/Treatment  
 Coordinating Services/Referrals  
 Consultation/2nd opinion  
 Other

**Other**

**Release for Name/Agency**

**Telephone**

**Cell**

**Email**

**Fax**

**Mailing Address**

**Only Release Information From**  
 Admission to discharge  Select date range

**Start Date:** 03/21/2023 [T] [Y] [M] **End Date:** [T] [Y] [M]

**Restriction Noted**  
 Yes

This consent expires on (usually 3 years from date of consent, unless other date is specified)  
 [T] [Y] [M]

**Restriction Comments**



**This Authorization applies to the following Information. Select one or more of the following: (select all that apply)**

- Assessment including diagnosis
- Treatment Plan
- Discharge Summary
- Full record (mental/physical/AOD/HIV) *(most common)*
- Verbal info only, no chart release *(for verbal release only)*
- Other- include details in General Comment box

**Timeframe of information Released: (select one)**

- Admission to discharge *(most common)*
- Select date range

**Date of Expiration:**

- This may be any date. For adult clients that will be in treatment for a long period of time it may be 10 years, for example. For a youth, the end date could be the date the client turns 18. For a short-term release or one-time release for a specific reason it might be a month from the day of consent.

**This information will be used for the following purpose(s).**

Select one or more. If you select "Other" indicate purpose in "General Comment" box

- Assessment/Treatment, Coordinating Services/Referrals *(most common)*
- Consultation/2<sup>nd</sup> opinion

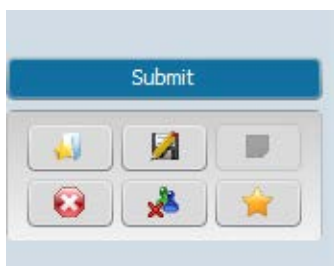
**Release for Name/Agency:**

- Name of agency or individual and their contact information that PHI will be shared with.

**Restriction Noted:**

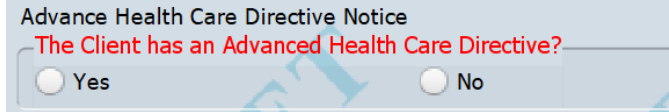
- Include details in "Restriction Comment" box. If the client has details or special instructions include that here.

Hit "Submit" to save the Release of Information." The documents will automatically generate and can be provided to the client should they want a copy.



### Advanced Health Care Directive Notice

An “Advance Health Care Directive” is a legal document that allows individuals to say in advance their healthcare wishes if they become unable to make their own decisions.



Advance Health Care Directive Notice  
The Client has an Advanced Health Care Directive?  
 Yes  No

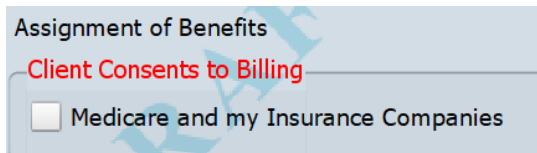
- The Client has an Advanced Health Care Directive: Select Yes or No.

There is a notice that prints once the form is submitted that includes a Fact Sheet of information about an Advanced Care Directive.

### Assignment of Benefits (AOB):

The “Assignment of Benefits” is a document that allows BHRS to release information to the client’s insurance company with the purpose of receiving reimbursement for the services provided by BHRS. At any time during the course of care if they have private insurance or Medicare, BHRS is required to bill them before Medi-Cal.

- Select “Medicare and my Insurance Companies”



Assignment of Benefits  
Client Consents to Billing  
 Medicare and my Insurance Companies

### Notice of License/Registration/Trainee:

The “Notice of License” is required for all licensed/registered staff, therapy trainees, and residents. It provides information to the client regarding their providers license, supervisor information if the provider is not licensed, and licensing board information.

Notice of License/Registration/Trainee

My License/Registered type is

Other

My License/Registration Status

My Reg/Lic number

My Registration/License can be verified at <https://www.breeze.ca.gov>

My Board contact information is

My Supervisor's Name, License, and Contact Information

- Select your registration/license type from the drop-down list. If you are registered/licensed, type in your license number, and select your board information. If you are unlicensed type in your clinical supervisor's name and contact information.

### Consent to Electronic Communications

The “Consent to Electronic Communications” obtains the clients consent to various forms of electronic communication including E-mail, SMS (text), voice messaging, fax communications, telehealth (videoconferencing) platforms, and automated messages (e.g., appointment reminders).

Consent to Electronic Communications

Phone

Client authorizes BHRS to provide services over the phone, or communicate regarding appointments, resources, etc. directly, or through secured HIPAA compliant messaging.

Yes No

Client authorizes BHRS to leave detailed voice messages in client's voice mail box.

Yes No

Email

Client authorizes BHRS and client's treatment team to communicate messages regarding appointments, community resources, surveys, etc. in accordance with BHRS policy.

Yes No

Client consents to sending and receiving email messages in an unencrypted format.

Yes No

Telehealth

Client authorizes BHRS to provide services via Telehealth (video).

Yes No

Communicating via Work Cell

Client agrees to and understands the risks and limitations of communicating with provider on their work cell phone.

Yes No

Clinician Contact Info

Office

Work Cell

Clinic Front Desk

For all of the required (red) questions, ask your client if they agree to the following:

\*\*\*See [BHRS Policy 22-07: Electronic Communication \(Client Communication\)](#) for more information about Consent to Electronic Communications as well as the consent form, [Attachment A](#), which includes more detailed information about explaining this form to your client, including the risk and benefit of electronic communication\*\*\*

- **Client authorizes BHRS to provide services over the phone, or communicate regarding appointments, resources, etc. directly, or through secured HIPAA messaging:** Select Yes or No.
- **Client authorizes BHRS to leave detailed voice messages on the client’s voice mail box:** Select Yes or No.
- **Client authorizes BHRS and client’s treatment team to communicate messages regarding appointments, community resources, surveys, etc. in accordance with BHRS policy:** Select Yes or No.
- **Client consents to sending and receiving email messages in an unencrypted format:** Select Yes or No.

(BHRS aims to only send clients encrypted/secure emails, however there may be limited circumstances where a client may receive an email that is not sent securely/encrypted, such as telehealth appointment links that do not contain any PHI.)

*\*A reminder that any email containing PHI must be sent securely/encrypted.*

- **Client authorizes BHRS to provide services via Telehealth (video):** Select Yes or No.
- **Client agrees to and understands the risks and limitations of communicating with provider on their work cell phone:** Select Yes or No.

*(Explain to the client risks surrounding privacy when communicating over the phone such as limitations to confidentiality, provider only available during work hours, etc.)*

- **Clinician Contact Info:** Enter phone number for providers office, work cell and the providers clinics front desk.

**CLINICAL CONSENT FORM TRACKING WIDGET**

Information entered into the Avatar “Clinical Consent Form” and “SUD Clinical Consent” will automatically show up on the “Clinical Consent Form Tracking” or “SUD Clinical Consent Form Tracking” widget. This allows providers to quickly see a summary of all the consents entered via Avatar on file for the client.

| Clinical Consent Forms Tracking |              |                         |             |                         |                           |          |
|---------------------------------|--------------|-------------------------|-------------|-------------------------|---------------------------|----------|
| Patient Name                    | Consent_Type | Release for Name/Agency | Release for | Initial Date of Consent | Restricted Consent Status | Exp Date |

*\*Please note that when paper versions of consents are completed, the paper copies are provided to your programs administrative support staff to scan to the client's chart. Administrative support staff also enter this information into the form called Admin Paper Consent Tracking which is reflected in the Admin Consent Tracking Widget.*

## HOW TO RETRACT A CLINICAL CONSENT FORM

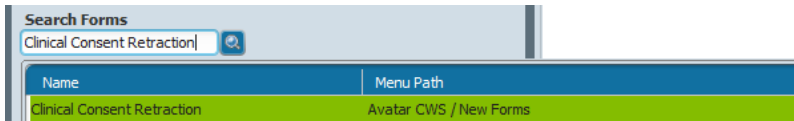
### **Electronic Consents Completed Directly on Avatar by Clinical Staff**

The Clinical Consent Retraction and SUD Clinical Consent form is used to retract consents previously authorized by the client. For example, if a client no longer wants to allow communication between BHRS and another party/person, then they wish to retract a consent (in this case, they would be retracting an ROI).

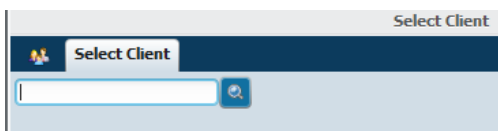
*\*If a client requests to retract a previously authorized consent, the provider must also write a progress note documenting the request made by the client and the date.*

*Sample: "Client requested that BHRS no longer communicate with [Agency or Individual] as of 3/29/23."*

- Search for the Avatar form titled "Clinical Consent Retraction" (or SUD Clinical Consent Retraction)



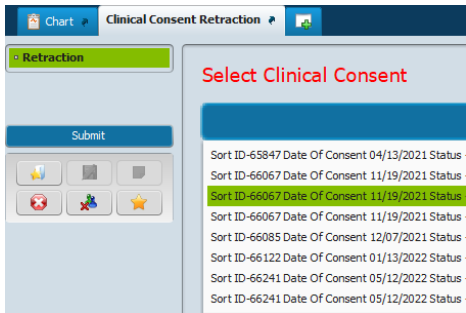
- Enter the client



- Select Add



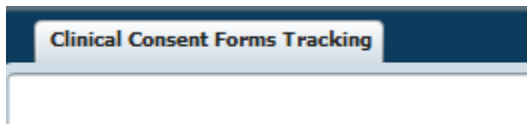
- Select the consent form to be retracted



- Enter the date the client wants this consent to no longer be active and submit.



- This retraction information will now show up on the “Clinical Consent Form Tracking” (or the SUD Clinical Consent Forms Tracking) Widget. *(Client name must be selected and may need to refresh widget for new information to appear).*



*\*If you have made an error and selected the wrong consent to retract, or entered the wrong date, please contact QM at [HS\\_BHRS\\_Ask\\_QM@smcgov.org](mailto:HS_BHRS_Ask_QM@smcgov.org) for assistance.*

### **Paper Consents Scanned into Avatar by Admin Support Staff**

Paper consent forms completed with the client and then provided to Admin support staff to scan into the client’s chart and track via the Admin Paper Consent Tracking form, will need to be retracted by your Admin staff. Please contact your programs admin support staff for assistance with retracting the consent. You will need to provide your admin with the information of the consent to be retracted as well as the date this consent will no longer be valid.

**\*\*\*The provider must also write a progress note documenting the request made by the client and the date.**

***Sample: “Client requested that BHRS no longer communicate with [Agency or Individual] as of 3/29/23.”***