



## Clinical Consent Forms in Avatar Guide for Clinicians 2021

### Avatar Clinical Consent Form: How To Guide

The **“CLINICAL CONSENT FORM”** is used for completing:

- ✓ Advance Care Directive Notice
- ✓ Assignment of Benefits
- ✓ Cell Phone Agreement
- ✓ Consent to Treatment
- ✓ Telehealth Informed Consent
- ✓ Notice of License/Registration/Trainee
- ✓ Release of Information Authorization (ROI)

**Completing the Consent Form:** The **Clinical Consent Form** can be used at any time during the course of care to complete one or more of these consents at the same time. The headers and your selected/typed responses to all fields prints on the consent form you give to the client.

Search for **“CLINICAL CONSENT FORM”** in Avatar forms.

### CLINICAL CONSENT FORMS FIELDS IN AVATAR

The screenshot displays the Avatar Clinical Consent Form interface. Key fields include:

- Is this a Release of Information?** Radio buttons for Yes and No (No is selected).
- Consent Type:** A list of checkboxes for: Advance Health Care Directive Notice, Assignment of Benefits, Cell Phone Agreement, Consent to Treatment, Telehealth Informed Consent, and Notice of License/Registration/Trainee.
- Was this contact in English?** Radio buttons for Yes, No, and N/A Client/Family not present.
- Language:** A dropdown menu 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 large 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."
- Clinical Consent Forms Guide** and **Clinical Consent Form Script** links.
- Language for Printed Version:** A dropdown menu with a red warning: "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:** A dropdown menu.
- Person authorizing consent:** Radio buttons for Client, Parent/Guardian, and Representative.
- Name of Parent/ Guardian/ Representative:** A text input field.
- Date of Client or Parent/ Guardian/ Representative Consent:** A date picker showing 03/24/2021.
- The Client or Parent/Guardian/Representative authorized/approved this consent by (If verbal consent, include reason in General Comment box):** A dropdown menu.
- 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.

**Is this a Release of Information? Yes/No:** First indicate if the consent will be a Release of Information Authorization (ROI) or not. If it is **not an ROI**, you may select one or all of the consents and complete and print at the same time. If the consent is **an ROI**, you complete the ROI for each individual/agency you are gaining consent for.

*\*That the Release of Information (ROI) must be completed on its own and cannot be completed at the same time as the other forms.*



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**Release of Information (ROI):** This is used for authorization to talk to individuals/agencies and for release of parts of/complete chart.

**Consent Type:** Select the type of consent(s) being completed.

**For most New Clients to BHRS, you should complete all of these, and may do so at the same time:**

- ✓ Advance Care Directive Notice
- ✓ Assignment of Benefits
- ✓ Consent to Treatment
- ✓ Telehealth Informed Consent
- ✓ Notice of License/Registration/Trainee

Add the “Cell Phone Agreement” if you will be giving the client your work cell phone number.

Then complete any needed “Release of Information” Authorizations (ROIs) for family members of adult clients, social services, probation, education, DCFS, or other non-treatment providers that you will communicate with to coordinate care.

**Review of Medication Consent with Client**

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

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

03/25/2021

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

General Comments

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

Client or Parent/Guardian/Representative Signature

Signature Date

Draft / Final

Draft       Final

Get Signature

**Was this contact in English?** Answer yes or no for sessions including 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



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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 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 consent(s) in-person, by phone, or by telehealth-video.

**Person authorizing consent:** Select whether it was the Client, Parent/Guardian, or Representative. For person other than 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. This will be a very limited option after the Public Health Emergency (PHE) has ended.

**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. This will be a very limited option after the PHE has ended.

**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. This will be a very limited option after the PHE has ended.



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### Consent Specific Questions

**Advance Health Care Directive:** The Client has an Advanced Health Care Directive: Yes or No- indicate if the client has an Advance Care Directive. The notice that prints at the end gives them the Fact Sheet information about an Advanced Care Directive.

**Assignment of Benefits (AOB):** Client Consents to Billing: Medicare and my insurance companies. This is always checked for AOB. Complete for all new clients and whenever the billing department requests an AOB be completed. Explain to client that at any time during the course of care if they have private insurance or Medicare, that we are required to bill them before Medi-Cal.

**Cell Phone Agreement:** My Contact Information: include Office, Work Cell, Clinic Front Desk; Use caution when giving clients your work cell phone number please review the agreement with client and fill in the 3 phone numbers (you may repeat same number if you want).

**Notice of License/Registration/Trainee:** This notice is required for all licensed/registered staff, therapy trainees, and residents.

Select your registration/license type, 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.



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**Release of Information:** this form is used for both verbal release of information and release of the chart.

**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 Restricted Comment Box; If the client has details or special instructions include that here.



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### Saving & Printing Completed Consents Forms

When the consent form fields are all completed click **“Final.”** **Note:** If you forgot to complete something you will get an error message, read it, and the form will be reverted to draft. Complete the required field and click **“Final”** then **“Submit.”** Once saved, click **“Submit.”** The report/printout will pop-up on your screen in a few seconds, you may review it, print to give to your client, print to get hard copy signed if you selected that option, or save to PDF to email to your client (using **#sec#** in email subject line).

### Viewing & Printing Completed Consent Forms

The Clinical Consent Forms Tracking widget displays consents filled out electronically that were either verbally approved or electronically signed by your client.

### Viewing Consents in Avatar from Widgets

For most staff the widgets are located on **1-Clinical View** at the top of the screen from **“My Views”** The **“Admin Paper Consent Tracking”** widget displays consents signed on paper copies and scanned in by your admin staff. The **“Clinical Consent Form Tracking”** widget displays the consents that staff complete directly on Avatar themselves.

You can click the **blue link** to see the filled in consent form, and click **“submit”** again to print it to your screen or printer.

Admin Paper Consent Tracking						
Patient Name	Consent_Type	Release for Name/Agency	Release for	Initial Date of Consent	Restricted Status	Consent Exp Date
TESTONE, TEST V MR	<a href="#">Controlled Medication Agreement</a>			10/24/2019		10/23/2021

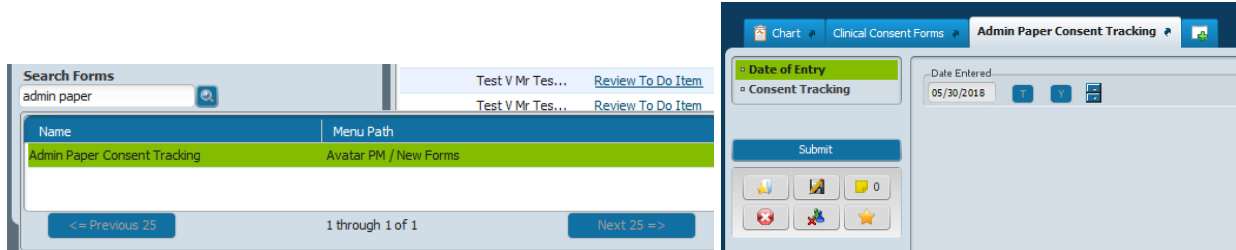
Clinical Consent Forms Tracking						
Patient Name	Consent_Type	Release for Name/Agency	Release for	Initial Date of Consent	Restricted Status	Consent Exp Date
TESTONE, TEST V MR	<a href="#">Release of Information</a>	Aunt Sue Jones	Coordinating Services/Referrals, Other	03/09/2021	Yes	03/09/2031
TESTONE, TEST V MR	<a href="#">Release of Information</a>	Kaiser	Assessment/Treatment, Consultation/2nd opinion	02/22/2021		02/01/2022
TESTONE, TEST V MR	<a href="#">Release of Information</a>	test	Assessment/Treatment	02/22/2021		02/17/2024



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For **RETRACTING** Release of Information **ALREADY FINALIZED/SUBMITTED/SCANNED** by Admin on “Admin Paper Consent Tracking.”

*\*Note that electronic consent forms completed by staff directly in Avatar cannot be edited/deleted.*



Click **ADD** (if there is no form there to select) or **EDIT** (if there is a form to select).

#### Add New Item

The screenshot shows the 'Add New Item' form for 'Consent Tracking'. It includes a table of existing items and a form for adding a new one. The table has columns: Type of Consent, Initial date of Consent, Consent Retracted Date, Consent Exp Date, Release for Name/Agency, Release for Name/Agency, and Restriction. The form below has sections for 'Type of Consent' (with 'Consent to Release Information' selected), 'Initial date of Consent' (03/09/2021), 'Consent Retracted Date' (03/09/2021), 'Consent Exp Date' (03/09/2031), 'Release for Name/Agency' (Aunt Sue Jones), 'Release For' (with 'Family Member' selected), 'Restriction Noted' (Yes), and a 'Comment' field containing 'Client is no longer permitting communication with Aunt Sue Jones.'

1. Add New Item
2. Type of Consent, “Consent to Release Information”
3. Release for Name/Agency - The person/agency the consent is retracted
4. Consent Retracted Date – Date the client informed you s/he no longer allows release to that person/agency
5. Consent Exp date -The original end date of consent
6. Comments - Add the details of the client’s retraction

“**Retracted Date**” will show in the “Admin Paper Consent Tracking” widget. **This means the client no longer authorized release of PHI and sharing their information with this person/agency.**

Patient Name	Consent_Type	Retracted Date	Release for Name/Agency	Release for	Initial Date of Consent	Restricted Status	Consent Exp Date
TESTONE,TEST V MR	Consent to Release Information	03/09/2021	Aunt Sue Jones	Family Member	03/09/2021	Yes	03/09/2031

