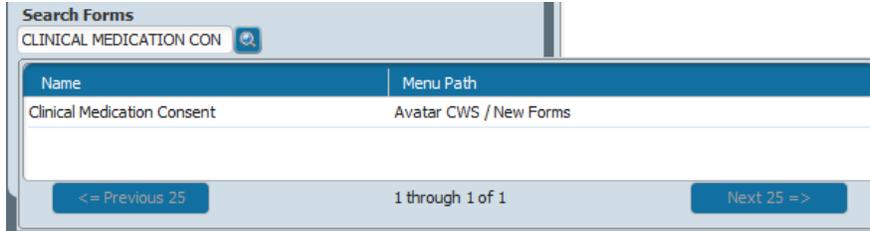


Clinical Medication Consent Form in Avatar Guide for Clinicians 2021

Avatar Medication Consent Form: How to Guide

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



At the top of the form you will see: **“The following medication(s) class/type will be the prescribed course of treatment for the duration of services with San Mateo County BHRS.”**

Select the medication class/types that you will be prescribing.

For all selected medication class/types, fill in the details: *name of the medication, dose min/max, frequency and route.* A list of medications and doses will be available soon to copy and paste in to these fields.

**Note: The headers and your selected/typed responses to all fields print on the consent form to give to the client.*

The REASON(S) (diagnosis(es), symptoms and/or behaviors) for taking the prescribed psychiatric medication(s) include: Select all that apply. If you select “other” you are required to write something in the comments box.

The potential side effects of the prescribed medication(s) class are listed on this printed consent form. Are there additional side effects that the client should be aware of? Select Yes or No. If you select “yes,” you are required to write something in the comments box.

Client was informed of the following reasonable ALTERNATIVE TREATMENT(S) and the likelihood of improving or not improving without the above medication(s):

Select all that apply. If you select “other” you are required to write something in the comments box.

Is there a Controlled Medication Agreement? Select Yes or No



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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 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 Client, Parent/Guardian, or Representative. For person other than client, type the person's name and their role.

Date of Client or Parent/Guardian consent: change if needed. 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 it 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 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.

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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.

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	Retracted Date	Release for Name/Agency	Release for	Initial Date of Consent	Restricted Status	Consent Exp Date
TEST, GREEN	Controlled Medication Agreement				03/26/2021		03/25/2023
TEST, GREEN	Medication Consent				03/26/2021		

Clinical Consent Forms Tracking							
Patient Name	Consent_Type	Release for Name/Agency	Release for	Initial Date of Consent	Restricted Status	Consent Exp Date	
TEST, GREEN	Medication_Consent			03/26/2021			