

Avatar Clinical Consent Form Scripts

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WHICH CONSENTS ARE REQUIRED?

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.

This document provides a step-by-step script on how to introduce and explain the various consents to your client, including questions to ask the client when trying to obtain consent to these forms. The following consents, which are found in the Avatar Clinical Consent Form are explained:

- Advanced Health Care Directive Notice
- Assignment of Benefits (AOB)
- Consent to Treatment (includes Notice of Privacy Practices (NPP))
- Release of Information (ROI)
- Notice of License/Registration/Trainee
- Consent to Electronic Communication (E-Consent)

INTRODUCING THE CONSENTS TO YOUR CLIENT

Since you are a new client to BHRS I would like to review and explain some of your rights to you. We are going to discuss a few consent forms that I would like to get your consent and acknowledgement of. **Is that okay?**

There is additional information about BHRS services that may be helpful to you at:

<https://www.smchealth.org/new-client-information-english>

I would like to provide you with a copy of these consents once we are finished, I can provide you with a printed copy, or if you agree to receiving email, I can email these documents to you. You can also decline a copy if you like. BHRS keeps a copy of these consents in your medical record and can provide them to you at any time. **How would you like to receive a copy of these documents?**

*Note to Clinician: If client agrees to receiving email, **add the client's email address to the "Update Client Data" form in Avatar. When you email the PDF version of the consents to the client, put #sec# in the email subject line to send securely/encrypt. See email templates at the bottom of this document.***

EXPLAINING THE CONSENT FORMS TO YOUR CLIENT

Advanced Health Care Directive Notice:

I'm going to provide you with an Advance Health Care Directive Informational Fact Sheet. Although I can't help you fill out an Advance Health Care Directive, I want to make sure that you have the information to be able to get an Advance Health Care Directive, if you want one. **Do you have an Advance Health Care Directive? Would you like me to explain what an Advance Health Care Directive is?**

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. It allows you to make treatment choices now in the event you need health treatment in the future. You can tell your doctor, institution, provider, treatment facility, and judge what types of treatment you do and do not want. You can select a friend or family member to make health care decisions, if you cannot make them for yourself.

An Advance Health Care Directive goes into effect when the person's primary physician determines the person does not have the "capacity" to make their own healthcare decisions. This means the individual is unable to understand the nature and consequences of the proposed healthcare or has been injured and is unable to make decisions.

Get more information about where to find Advance Health Care Directive forms and how to get

help at: <https://www.smchealth.org/bhrs-doc/advance-health-care-directives-04-07>

Assignment of Benefits (AOB):

BHRS will release information to your insurance companies with the purpose of receiving reimbursement for services provided by BHRS. Information released is limited and usually only includes dates and duration of visits, your diagnosis, and the clinician’s name. By signing this form, you are allowing us to bill your insurance company (including Medicare if you have Medicare). No action on your part will be necessary.

If a client says “I don’t need to sign this because I just have Medi-Cal – I don’t have insurance,” please tell them this is required for all new clients regardless of coverage. We will only bill insurance carriers that they have.

You may also review this notice at: <https://www.smchealth.org/bhrs-policies/authorization-and-assignment-benefits>

Consent to Treatment (includes Notice of Privacy Practices (NPP)):

BHRS is requesting you consent to receive behavioral health services. These services may include:

- Therapy
- Case management
- Medication Support services (only if you are interested in a consultation with a psychiatrist for medication)

Do you agree to receive services from BHRS?

I will provide you with a detailed notice of our Privacy Practices (NPPs). Please let me know if you have any questions after you review it.

BHRS is required by law to make sure that behavioral health information that identifies you is kept private. We are required to give you this notice of our legal duties and privacy practices with respect to behavioral health information about you. BHRS will follow the terms of the notice. BHRS will share your information as mandated by law, and for treatment for mental health (including Substance Use Disorder Services (SUDS), with your consent only), payment or mental health services, and our daily health care operations (such as quality review).

Your information will be shared in the SMC Connected Care Health Information Exchange (HIE) database. The HIE allows your current San Mateo County providers access to important information to improve your care, such as your current medications and diagnosis. SUDS information will only be available to other providers from the HIE in the case of an emergency, which is considered a “break the glass” situation, allowing them to see your information due to your health emergency. You may opt-out of the HIE. Please note that opting out only means your information will not be included in the SMC Connected Care HIE database. Providers may still have access to your San Mateo County

medical records, as appropriate. This is the Opt-out Form:

https://www.smchealth.org/sites/main/files/smc_connected_care_opt_out_form_2.pdf

You may also review these rights at: <https://www.smchealth.org/bhrs-doc/application-services-and-consent-treatment-96-15>

Notice of License/Registration/Trainee:

As a licensed/registered professional with the state of California, I must provide you information about my license and how to check my license and report a complaint with my Board.

My license/registration number and type is: _____.

I am (licensed or registered) as a (LMFT/LCSW/RN) and my board information is located at:

https://www.smchealth.org/sites/main/files/file-attachments/verifyingcredentialsposter_0.pdf?149615884_2

For non-licensed/registered providers:

I am not licensed nor registered with a board in California, but I am a student in a therapy (or resident) program. My supervisor's name and contract information is: _____.

Release of Information (ROI):

To provide you the best care possible, BHRS will share information and communicate with your other health care providers. We would also like your permission to talk with important support people in your life, such as family members, social workers, probation officers, social services, and other agencies involved in your treatment.

Who are people that we should share information with to improve your care?

Are you okay with BHRS talking with and sharing your information with...(name any other agencies, providers the client is working with).

BHRS will only share the minimal amount of information needed related to your care.

Do you have any limitations that you would like to talk with me about?

Unless consent is revoked, this authorization shall be in place until the date we pick to end the consent (may be 1 to 10 years) or upon discharge from San Mateo County Behavioral Health and Recovery Services, whichever occurs first.

You may review this notice at: <https://www.smchealth.org/bhrs-policies/confidentialityprivacy->

Consent to Electronic Communications (E-Consent):

You have the option of sending and receiving electronic communication to and from BHRS and for attending sessions remotely (over-the-phone or via telehealth (video)). BHRS would like to ensure that you understand the risks, benefits, limitations, and requirements of using electronic communication (including telehealth).

Information gathered from electronic communication with your BHRS provider may be used for diagnosis, treatment, therapy, follow-up and/or education. Safety measures are being used to ensure that electronic communication used by BHRS is secure, though this does not eliminate all risks associated with electronic communication. Telehealth (video) and phone encounters will not be recorded without your consent.

You may decline the use of the technology and schedule an in-person session or a traditional telephone session without video at any time, barring any restrictions related to public health or other concerns.

If you would prefer in-person appointments but are facing transportation barriers, staff can assist you in exploring Medi-Cal coverage for transportation services to assist you in attending your in-person appointment.

Potential Benefits:

- Improved access to care by enabling a client to remain at a remote location and obtain services or information from providers at distant sites.
- Client remains closer to home where local healthcare providers can maintain continuity of care.
- Reduced need to travel for the client or other provider.
- With Telehealth, client will be able to see and hear the provider and the provider will be able to see and hear the client, just as if they were in the same room together.

Potential Risks and Limitations:

There are potential risks and limitations associated with the use of electronic communication (including telehealth) which include, but may not be limited to:

- A provider may determine that the telehealth or over-the-phone encounter does not provide sufficient information to make an appropriate clinical decision, which may require additional in-person visits.
- Technology problems associated with remote services (over-the-phone or telehealth) may delay medical evaluation and treatment at any time.
- In very rare instances, security protocols could fail, causing a breach of privacy of client's information. Client will be promptly notified if any security issues arise.

You understand and have the right to:

1. Withdraw your consent to the use of electronic communication, including telehealth, in the course of my care at any time, without affecting my right to future care or treatment.
2. You may expect the anticipated benefits from the use of electronic communication, including telehealth, but that no results or specific outcomes can be guaranteed or assured.
3. The laws that protect privacy and confidentiality of medical information also apply to electronic communication, including telehealth.
4. There are risks and limitations on the use of electronic communication with my provider.

Phone:

By providing your phone number, do you authorize BHRS and your treatment team to provide services over the phone, and communicate messages directly, or through secured HIPAA compliant messaging, appointments, community resources, surveys, etc. in accordance with BHRS policy?

Do you authorize BHRS to leave detailed voice messages in your voice mail box?

Email:

By providing my email address, do you authorize BHRS and your treatment team to communicate messages regarding appointments, community resources, surveys, etc. in accordance with BHRS policy?

Do you consent to sending and receiving email messages in an unencrypted format (which may happen for appointment reminders or emails that do not contain any PHI?) (BHRS always attempts to send email messages securely whenever possible.)

Telehealth:

Do you authorize BHRS to provide your services via Telehealth (video)?

(If you are not comfortable with seeing a provider on videoconference technology, you may reject the use of the technology and schedule an in-person session or a traditional telephone session without video at any time)

Communicating with my provider on their work cell phone:

Do you agree to and understand the risks and limitations of communicating with your provider on their work cell phone? (Explain to the client risks surrounding privacy when communicating over the phone such as limitations to confidentiality, provider only available during work hours, etc.

EMAIL TEMPLATES FOR SENDING ADMISSION PACKET AND CONSENT FORMS TO CLIENT

Below is the information that should be included in the subject line of the email and the body of the email when the client prefers to and agrees to receive the Admission Packet and consent forms via email.

Email Subject Line:

Welcome to San Mateo County's Behavioral Health and Recovery Services #sec#

English Text for Body of Email:

Welcome to San Mateo County's *Behavioral Health and Recovery Services!*

<http://www.smchealth.org/welcometobhrs>

Behavioral Health and Recovery Services (BHRS) offers many services for children, youth, families, adults and older adults in San Mateo County for the prevention, early intervention and treatment of mental illness and/or substance use. We support each individual's goals of being healthy and living a quality life. We provide services in English, Spanish, Chinese and Tagalog. We can also arrange for other languages when needed. Our staff represents the different cultural/ethnic groups in San Mateo County.

We invite you to go to one of the links below to help you understand your rights and what specific services are provided by BHRS, including:

- Guide to Medi-Cal Services
- Consumer Rights and Problem Resolution Brochure
- List of BHRS Providers

For **Mental Health Services**: <https://www.smchealth.org/new-client-information-english>

For **Substance Use Services**: https://www.smchealth.org/sites/main/files/file-attachments/dmc-ods_member_handbook_072018.pdf

Please do not reply to this email. If you need assistance or would like printed copies of any of these documents, please contact your new provider. If you do not know how to contact your new provider you may contact the ACCESS Call Center (800) 686-0101, TDD: (800) 943-2833.

There is additional information about BHRS services and resources located at:

<http://www.smchealth.org/bhrs/mhresources>

In the event that you or a family member is experiencing a Mental Health Emergency:
Call 9-1-1 or go to your nearest hospital emergency room if you can safely get

there. See [Guidelines for Calling 9-1-1 in a Mental Health Emergency](#)

Psychiatric Emergency Services are available at:

San Mateo Medical Center
222 West 39th Ave, San Mateo CA,
94403 Phone: (650) 573-2662

Mills-Peninsula Medical Center
1501 Trousdale Drive, Burlingame CA 94010
Phone: (650) 696-5915

Spanish Text for Body of Email:

¡Bienvenido a los *Servicios de Salud del Comportamiento y de Recuperación* del condado de San Mateo! <http://www.smchealth.org/new-client-information-spanish>

Los Servicios de Salud del Comportamiento y de Recuperación (*Behavioral Health and Recovery Services*, BHRS) ofrecen muchos servicios para niños, jóvenes, familias, adultos y adultos mayores en el condado de San Mateo para la prevención, la intervención temprana y el tratamiento de enfermedades mentales o el consumo de sustancias. Apoyamos las metas de cada persona para estar saludable y vivir una vida de calidad. Proporcionamos servicios en inglés, español, chino mandarín y tagalo. También podemos hacerlo en otros idiomas cuando es necesario. Nuestro personal representa a los diferentes grupos culturales o étnicos del condado de San Mateo.

Le invitamos a ingresar al siguiente enlace <http://www.smchealth.org/new-client-information-spanish> para ayudarle a entender sus derechos y los servicios específicos que los BHRS proporcionan, como:

- una guía para los servicios de Medi-Cal
- un folleto sobre los derechos del consumidor y la resolución de problemas
- una lista de proveedores de los BHRS

Por favor, no responda a este correo electrónico.

Si necesita asistencia o desea copias impresas de cualquiera de estos documentos, comuníquese con su nuevo proveedor. Si no sabe cómo comunicarse con su nuevo proveedor, puede comunicarse con el centro telefónico de ACCESS al (800) 686-0101, TDD: (800) 943-2833.

Hay información adicional sobre los servicios y recursos de los BHRS

en <http://www.smchealth.org/bhrs/mhresources>.

En caso de que usted o un miembro de su familia tenga una emergencia de salud mental

Llame al 9-1-1 o vaya a la sala de emergencias del hospital más cercano si puede llegar ahí de forma segura.

Consulte las [pautas para llamar al 9-1-1 en caso de una emergencia de salud mental](#).

Los servicios psiquiátricos de emergencia están disponibles en:

San Mateo Medical Center
222 West 39th Ave, San Mateo CA,
94403 Teléfono: (650) 573-2662

Mills-Peninsula Medical Center
1501 Trousdale Drive, Burlingame CA
94010 Teléfono: (650) 696-5915

Tagalog Text of for Body of Email:

Welcome sa *Mga Serbisyo sa Kalusugang Nauugnay sa Pag-uugali at Pagpapagaling (Behavioral Health and Recovery Services)* ng San Mateo County! <https://www.smchealth.org/new-client-information-filipino>

Ang Mga Serbisyo sa Kalusugang Nauugnay sa Pag-uugali at Pagpapagaling (Behavioral Health and Recovery Services, BHRS) ay maraming iniaalok na serbisyo para sa mga bata, pamilya, nasa hustong gulang, at nakatatanda sa San Mateo County para sa pag-iwas, maagang pamamagitan, at paggamot sa sakit sa pag-iisip at/o labis na pag-inom ng alak o paggamit ng droga. Sinusuportahan namin ang mga layunin ng bawat indibidwal na maging malusog at malayo sa sakit, at magkaroon ng kumportableng buhay. Nagbibigay kami ng mga serbisyo sa wikang Ingles, Spanish, Mandarin Chinese, at Tagalog.

Maaari din kaming magbigay ng serbisyo para sa iba pang wika kung kinakailangan. Kinakatawan ng aming mga tauhan ang iba't ibang kultural na pangkat/pangkat etniko sa San Mateo County.

Iniiimbtahan ka naming pumunta sa link sa ibaba <https://www.smchealth.org/new-client-information-filipino> upang maunawaan mo ang iyong mga karapatan at ang mga partikular na serbisyong ibinibigay ng BHRS, kasama ang:

- Gabay sa Mga Serbisyo ng Medi-Cal

- Brochure ng Mga Karapatan ng Consumer at Paglutas ng Problema
- Listahan ng Mga Provider ng BHRS

Mangyaring huwag tumugon sa email na ito.

Kung kailangan mo ng tulong o kung gusto mong makatanggap ng mga aktwal na kopya ng alinman sa mga dokumentong ito, mangyaring tumawag sa iyong bagong provider. Kung hindi mo alam kung paano makipag-ugnayan sa iyong bagong provider, maaari kang makipag-ugnayan sa ACCESS Call Center (800) 686-0101, TDD: (800) 943-2833.

May karagdagang impormasyon tungkol sa mga serbisyo at resource ng BHRS sa <http://www.smchealth.org/bhrs/mhresources>

Kung ikaw o ang isang kapamilya ay nakakaranas ng Emergency sa Kalusugan ng Pag-iisip

Tumawag sa 9-1-1 o o pumunta sa pinakamalapit na emergency room ng ospital sa iyo kung ligtas kang makakapunta roon.

Tingnan ang [Mga Alituntunin para sa Pagtawag sa 9-1-1 Kapag May Emergency sa Kalusugan ng Pag- iisip](#)

Available ang Mga Serbisyo para sa Psychiatric na Emergency sa:

San Mateo Medical Center
222 West 39th Ave, San Mateo
CA, 94403 Telepono: (650) 573-
2662

Mills-Peninsula Medical Center
1501 Trousdale Drive, Burlingame
CA 94010 Telepono: (650) 696-
5915

Chinese Text for Body of Email:

歡迎來到San Mateo縣行為健康和康復服務部(*Behavioral Health and Recovery Services, BHRS*)!
<https://www.smchealth.org/new-client-information-chinese>

行為健康和康復服務部(BHRS) 在San Mateo縣為兒童、青年、家庭、成人與長者提供許多服務，旨在預防、早期干預及治療心理疾病及/或物質濫用。我們支持每個人擁有健康與優質生活的目標。我們以英文、西班牙文、簡體中文及他加祿語提供服務。如有需要，我們也能安排其他

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語 言

。我們的員工代表了San Mateo縣的不同文化/種族群體。

歡迎您造訪以下連結（網址為：<https://www.smchealth.org/new-client-information-chinese>）
這有助於瞭解您自身享有的權益，以及BHRS提供的具體服務，包含：

- Medi-Cal服務指南
- 消費者權利和問題解決流程手冊
- BHRS服務提供者清單

請勿回覆此電子郵件。

如果您需要協助，或是需要任何文件的紙本副本，請與新服務提供者聯絡。如果您不知道如何與新服務提供者聯絡，請聯絡ACCESS客服中心，電話為：(800) 686-0101，TDD：(800)943-2833

BHRS服務與資源的額外相關資訊位於<http://www.smchealth.org/bhrs/mhresources>

如果您或家人正發生心理健康緊急狀況

請撥打9-1-1或前往距離您最近的醫院急診室（前提是您能安全抵達該處）

。請參閱[心理健康緊急情況撥打9-1-1準則](#)

精神病急診服務看診處：

San Mateo Medical Center
222 West 39th Avenue San Mateo, CA 94403
電話：(650) 573-2662

Mills-Peninsula Medical Center
1501 Trousdale Drive, Burlingame CA 94010
電話：(650) 696-5915