

## Quick Guide: Admin Paper Consent Tracking

When a staff member gives Admin a printed copy of a consent form that has been signed by the client/parent/representative:

1. Admin to verify that all sections of the consent have been completed. Return any incomplete consent forms to the staff member.
2. Admin to scan the completed form into Avatar and enter the information into the "Admin Paper Consent Tracking" form. Search "Admin Paper Consent Tracking."

Name	Menu Path
Admin Paper Consent Tracking	Avatar PM / New Forms

3. Admin to enter the name of the client that the consent is for (last name, first name) click on the correct client and then click Select

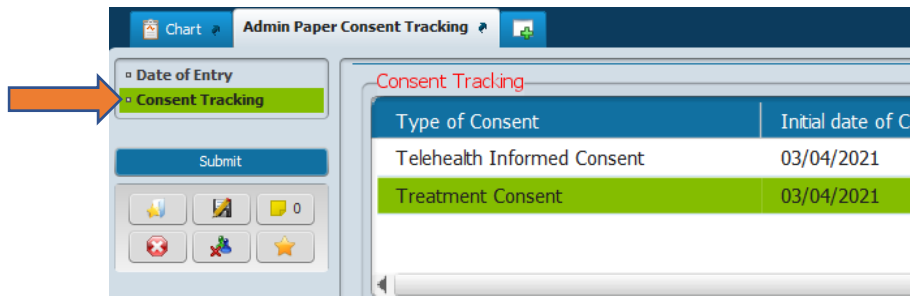
Client	Date Of Birth	Gender
CLIENT_FAKE (001002110)	01/01/2000	Female

### Which screen do you see next?

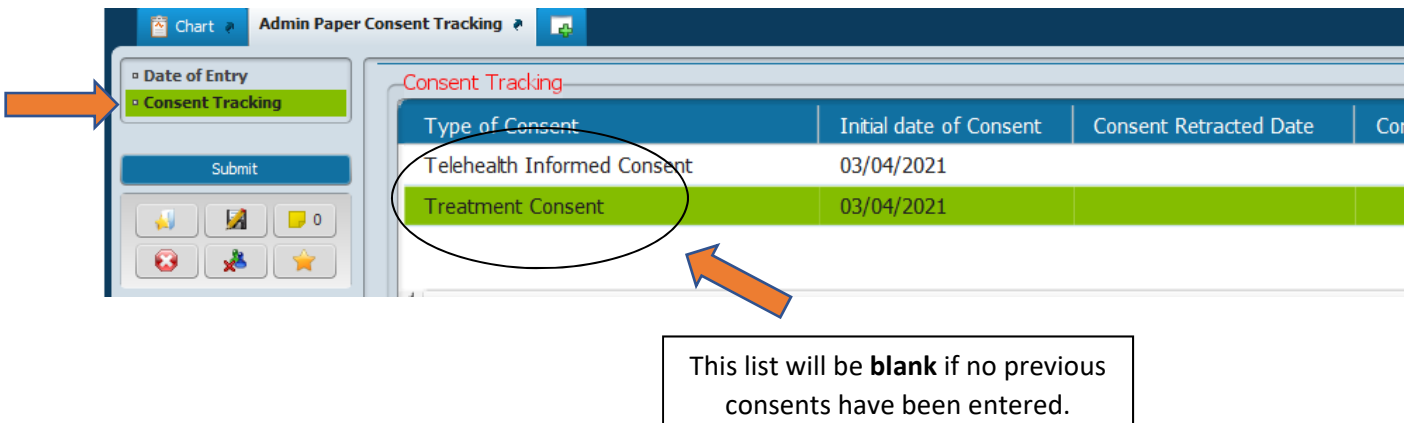
OR

- If information has ALREADY been entered into "Admin Paper Consent Tracking" (formerly Consent Tracking) in the past by admin, you will see a list of date(s) under "Date Entered."
- Select ANY date from "Date Entered" (Ex: 03/04/2021) and double click or press edit to open.
- The date selected will automatically populate in the "Date Entered" section that appears next. **DO NOT CLICK SUBMIT YET**

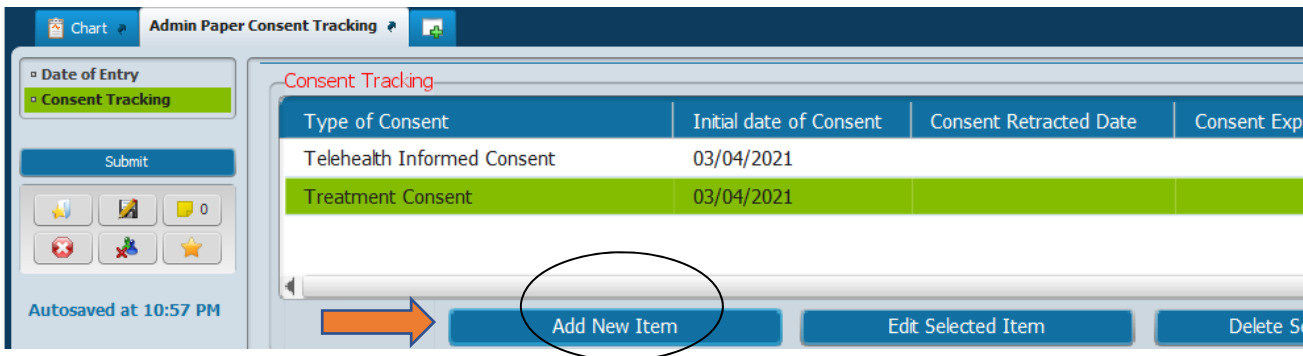
- If NO information has been previously entered, you will see the above screen.
- Enter the current date in "Date Entered" **DO NOT CLICK SUBMIT YET**



- o Click on the second tab, **“Consent Tracking”** to open. You will see a list of all previous consents that have already been entered into the system
- o OR this will be blank if no previous consents have been entered



- o To add a new or initial consent to the list, click on **“Add New Item”**



- o Select the **“Type of Consent”** you would like to add from the list.

**Type of Consent**

- Medication Consent
- Treatment Consent
- Consent to Release Information
- CalWin Consent
- WPC Consent
- WPC Release of Information
- Verbal Release of PHI to Support Persons
- Request for Access to PHI
- Controlled Medication Agreement
- Telehealth Informed Consent
- Advance Health Care Directive Notice
- Assignment of Benefits (AOB)
- Cell Phone Agreement

SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH & RECOVERY SERVICES**

Client Name: TESTONE, TEST V MR  
Medical Record #: 930000  
DOB: 5/8/1962

**Consent/Authorizations Included in this Packet: 20 pages**

- Advance Health Care Directive Notice
- Assignment of Benefits
- Cell Phone Agreement
- Consent to Treatment
- Release of Information
- Telehealth Informed Consent
- Notice of License/Registration/Trainee

Was this contact in English? Yes  
Language: N/A  
Other Language: N/A  
Language Services Offered? N/A  
Other Interpreter: N/A  
Language for Printed Version: English  
This provider reviewed this consent form with the Client or Parent/Guardian/Representative: by phone  
Review of consent was conducted with the: Client  
Name of Client: TESTONE, TEST V MR  
Date of Client consent: 3/24/2021

This is an example of a printed consent signed by a client with MULTIPLE CONSENTS.

All of these consent types (except the Notice of License /Registration/Trainee) would be entered in as a Type of Consent, one at a time.

Only the Release of Information has an end date. They all have the same Date of Client Consent.

**Consent Specific Instructions**

➤ **Assignment of Benefits (AOB):**

Clinical staff in many cases will now be completing the AOB with new clients in the Avatar Clinical Consent Form. If it is completed by a clinical staff member, it will be listed in the “Clinical Consent Form Tracking” widget (SEE BELOW). It may be listed in a list of several other consents. Admin staff do not need to complete a new one, if already completed, and may use that date for your financial eligibility. If the AOB is not already completed, please either complete this form with the client when they are at the clinic or ask the clinical staff to complete the form with the client. If completed on paper enter the AOB in the “Admin Paper Consent Tracking.”

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
TESTONE, TEST V MR	Consent to Release Information	03/09/2021	Aunt Sue Jones	Family Member	03/09/2021	Yes	03/09/2031

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	Advance Health Care Directive Notice, Assignment of Benefits, Cell Phone Agreement, Consent to Treatment, Release of Information, Telehealth Informed Consent, Notice of License/Registration/Trainee			03/24/2021			

➤ **Medication Consent**

- o Select **“Medication Consent”** from the list.
- o **Initial date of Consent** will be highlighted in RED. This section must be completed
- o Enter the date the consent was signed in the **“Initial Date of Consent”** section
- o NOTE: Medication consents do not have an expiration date. You may leave this field empty

**Type of Consent**

- Medication Consent
- Treatment Consent
- Consent to Release Information
- CalWin Consent
- WPC Consent
- WPC Release of Information
- Verbal Release of PHI to Support Persons

**Initial date of Consent:** 04/18/2019

Consent Retracted Date: [ ] [T] [Y]

Consent Exp Date: [ ] [T] [Y]

- o **YOU ARE DONE.** Click **Submit** to save consent info into Avatar

➤ **Application for Services and Consent to Treatment (Treatment Consent)**

- Select “Treatment Consent” from the list
- Initial date of Consent will be highlighted in RED. This section must be completed
  - Enter the date the consent was signed in the “Initial Date of Consent” section
  - NOTE: Treatment Consents do not have an expiration date. You may leave this field empty

Type of Consent

- Medication Consent
- Treatment Consent
- Consent to Release Information
- CalWin Consent
- WPC Consent
- WPC Release of Information
- Verbal Release of PHI to Support Persons

Initial date of Consent

04/23/2019

Consent Retracted Date

Consent Exp Date

- **YOU ARE DONE.** Click **Submit** to save consent info into Avatar

➤ **Authorization for Use or Disclosure of PHI (Consent to Release Information)**

- Select “Consent to Release Information” from the list
- The following sections will be highlighted in RED. These sections must be completed:
  - Initial Date of Consent
  - Release for Name/Agency
  - Release For

Type of Consent

- Medication Consent
- Treatment Consent
- Consent to Release Information
- CalWin Consent
- WPC Consent
- WPC Release of Information
- Verbal Release of PHI to Support Persons

Initial date of Consent

Consent Retracted Date

Consent Exp Date

Release for Name/Agency

Release For

- AOD programs
- Attorney
- CPS/HSA
- Education/School
- Father
- Mother
- Police/law enforcement
- Probation-other counties
- Social Security
- APS/HSA
- Court
- Day care/preschool
- Family Member
- Jails/ Prison
- Other
- Primary Care
- SMC Probation

- **NOTE:** When you select “Consent to Release Information” and input the “Initial Date of Consent,” the “Consent Expiration Date” will auto-populate one year from the “Initial Date of Consent.” Edit this date, if needed, to match the end date on printed consent form. The END DATE may be any date that is listed on the consent form.

Will auto-populate one year from “Initial Date of Consent” change date to match end date on consent form.

- Complete the remainder of the required fields:
  - **Release for Name/Agency = Required** (Include provider name, agency name, any info provided on release)
  - **Release For = Required** (If you cannot determine what to select here, please ask the staff member to clarify who this form is for)
  - **Restriction Noted = Not Required unless there are restrictions.**
    - This field is checked if the consent is about only releasing specific information. Look at the section “**This authorization applies to the following information:**” Note if the staff member selected or wrote only specific information to be released (ex: only the Treatment Plan). Write any details in the “**Comments**” section. If you check the “**Restriction Noted**” box, the “**Comments**” section will appear as **Required**. If you are not sure, ask the staff member to clarify.
  - **Comment = Not Required unless “Restriction Noted” is selected**
    - Document any specific instructions for this consent (Ex: restrictions or special instructions)

If “**Other**” is selected please include details for who the release is for in the “**Comment**” box.

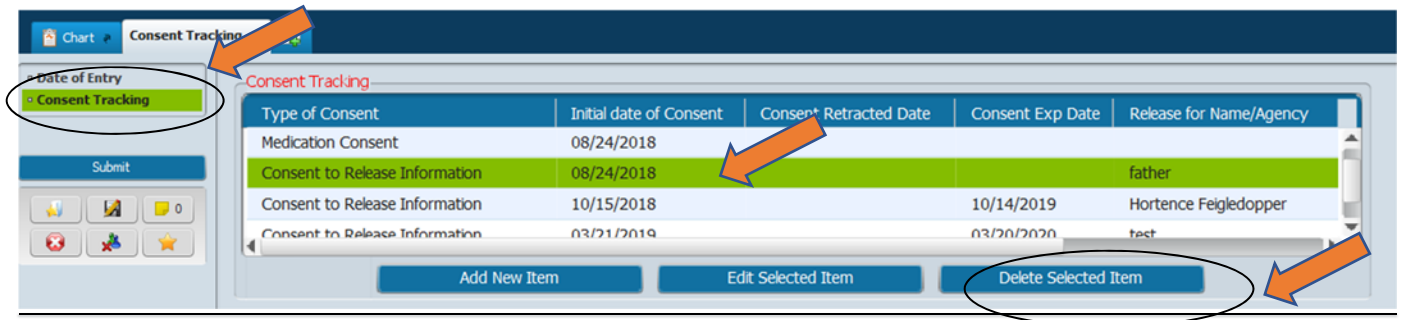
If there are any restrictions, select the “**Restriction Noted**” box and include any details about the restriction in the required “**Comment**” section.

**YOU ARE DONE.** Click **Submit** to save consent info into Avatar

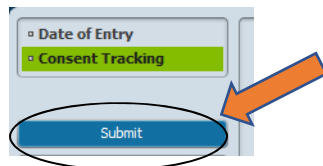
## HOW TO DELETE A "CONSENT TRACKING FORM" FROM AVATAR

**\*\*\*BE CAREFUL TO ONLY DELETE A FORM IF IT IS A MISTAKE\*\*\***

- In the list of consents under the "Consent Tracking" tab, click on the consent you would like to delete
- The consent you select will be highlighted
- Click on "Delete Selected Item"



- The consent you selected will be deleted from the list
- **YOU ARE DONE.** Click **Submit** to delete the consent from Avatar



## Admin Paper Consent Tracking Widget

Admin staff and Clinical staff can see what paper consents have been entered into Avatar/tracked by looking at the Admin Paper Consent Tracking Widget.

Patient Name	Consent_Type	Retracted Date	Release for I
CLIENT,FAKE	Telehealth Informed Consent		
CLIENT,FAKE	Treatment Consent		