



Consent Forms

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Consent Forms

In this lesson you will learn to print customized copies of all consent forms for a client.

You will find you can gather signatures for consents using an electronic signature pad similar to signature pads in a grocery store.

You will also learn that using a signature pad is not always possible and that those involved in a consent may need to sign a printed hard copy of the consent. If so, the administrator would then scan the consent into Avatar so there is a signed consent on record.

Lesson Objectives

- Understand how to access and use the following client consent forms:
 - Authorization for Use or Disclosure of PHI
 - Application for Services and Consent to Treatment
 - Request for Access to PHI
 - Verbal Authorization for Release of Phi to Family
 - Verification of Consent to Medication

LESSON SCENARIO

Pablo Parsley is a new client. To begin services, you need to review BHRS Notice of Privacy Practices with him and have him sign a copy of the Application for Services and Consent to Treatment form. You also ask him to sign a consent authorizing BHRS to release PHI information to his family. You create and print the consent forms in Avatar. Pablo can choose to sign the electronic signature pad, or sign a hard copy of the consent forms and your administrator scans the signed consents into Avatar. You return the signed copy of the consent forms for Adam to take with him.

| | | | | | |
|---|---|----------------------------|---------------|-------------------------------|---------------|
|  | <p>San Mateo County Behavioral Health and Recovery Services</p> <p>APPLICATION FOR SERVICES AND CONSENT TO TREATMENT</p> <p>Confidential Patient Information: See California Welfare and Institutions Code Section 5328.</p> <table border="1"><tr><td>Client Name: PARSLEY,PABLO</td><td>DOB 12/4/1964</td></tr><tr><td>Social Security # 999-99-9999</td><td>BHRS # 930099</td></tr></table> <p>I, hereby make application for myself, or my minor child, to receive care and treatment voluntarily from San Mateo County Mental Health Services.</p> <p>I understand that such care and treatment may consist of an evaluation process, mental health services, case management, and, in some instances, medication. If I or my child receive(s) medication, my psychiatrist or my child's psychiatrist may share information with other physicians about the drugs prescribed and may receive their prescribing information</p> <p>If this application is accepted, San Mateo County Mental Health Services is authorized to administer the treatment/services described above. Such consent, however, does not waive my civil rights; I reserve the right to decline treatment against medical advice.</p> <p>I further understand that I have the continuing right to an explanation of the treatment to be administered, and that I may address complaints about services to Mental Health Advocacy Services, 800-388-5189. I further understand that my records are confidential under Federal and State law, and will not be released to outside individuals or agencies without my expressed written authorization. However, I realize that certain information may be released without my authorization under circumstances described in the Mental Health Notice of Privacy Practices.</p> <p>I have read the above and I agree to accept treatment for myself/my child, and I further agree to all conditions set forth herein. I acknowledge that I have received a copy of this agreement.</p> | Client Name: PARSLEY,PABLO | DOB 12/4/1964 | Social Security # 999-99-9999 | BHRS # 930099 |
| Client Name: PARSLEY,PABLO | DOB 12/4/1964 | | | | |
| Social Security # 999-99-9999 | BHRS # 930099 | | | | |

UNDERSTANDING CONSENT FORMS

Consent Forms are generated in Avatar. Signature pads, similar to signature pads in grocery store, allow you to collect an electronic version of the client's signature. For clients who are unwilling or unable to use a signature pad, print a hard copy of the Avatar-generated consent for the client to sign. Your administrator then scans a copy of the signed document and gives the original to the client.

NOTE: If the administrator is not available to scan the document, make a photocopy for the administrator to scan at a later time and give the original to the client.



IMPORTANT

Even if the client has signed a paper consent form, you must always enter the information in the electronic consent form in Avatar so the information will appear on Avatar reports. This also generates a reminder when a new consent is due.

WHO CAN PERFORM THIS FUNCTION?

Generally, clinicians create and print the forms to review with their clients. If the client does not use the signature pad, ask your administrator to scan a hard copy of a hand-signed consent form into Avatar.

MENU PATHS

Avatar CWS→Consents→Application for Services and Consent to Tx

Avatar CWS→Consents→Authorization for Use or Disclosure of PHI

Avatar CWS→Consents→Request for Access to PHI

Avatar CWS→Consents→Verbal Authorization for Release of PHI to Family

Avatar CWS→Consents→Verification of Consent to Medication

APPLICATION FOR SERVICES AND CONSENT TO TREATMENT

This consent should be completed, printed, and signed by the client at the first meeting of the client and clinician. If the client uses a signature pad, print a signed copy to give the client. If the client does not use a signature pad, print a copy for the client to sign and ask your administrator to scan it into the client's record in Avatar.



Even if the client has signed a paper consent form, you must always enter the information in the electronic consent form in Avatar so the information will appear on Avatar reports, as well as create an automatic reminder when a new consent is due.

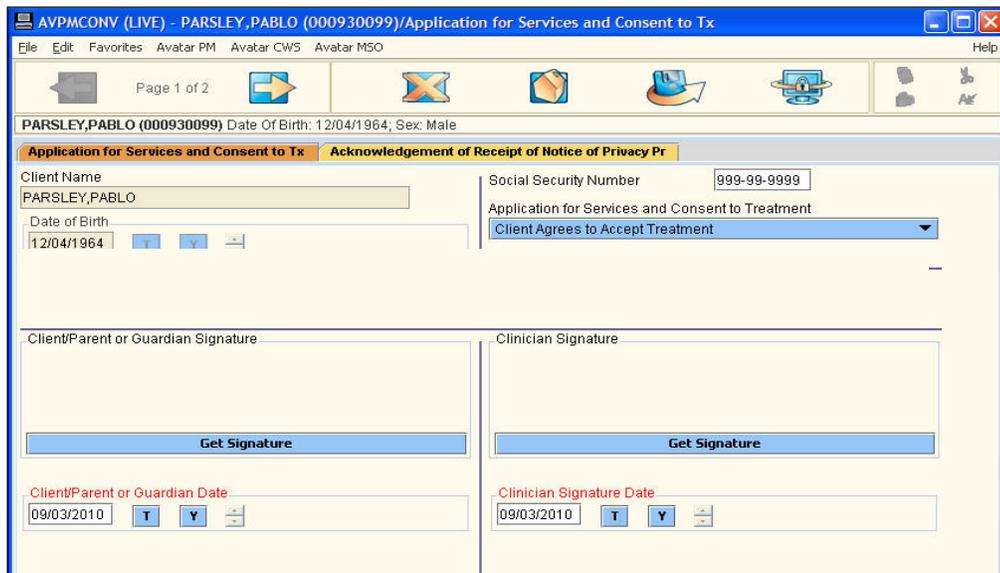


An individual's right to notification of a provider's privacy practices is a key element in federal privacy regulations. Federal regulations require that you give clients the Privacy Notice no later than the date of the first service delivery. This provides an immediate opportunity for individuals to discuss privacy practices and any concerns with their health care providers.

APPLICATION FOR SERVICES AND CONSENT TO Tx TAB PAGE 1

Use this tab to record the client's name, date of birth, social security number, and to enter the client's and clinician's signature.

NOTE: If the client is unable or unwilling to use the signature pad, create the consent in Avatar and print a hard copy for the client to sign and ask the administrator to scan it into the client's record.



AVPMCONV (LIVE) - PARSLEY,PABLO (000930099)/Application for Services and Consent to Tx

File Edit Favorites Avatar PM Avatar CWS Avatar MSO Help

Page 1 of 2

PARSLEY,PABLO (000930099) Date Of Birth: 12/04/1964; Sex: Male

Application for Services and Consent to Tx Acknowledgement of Receipt of Notice of Privacy Pr

Client Name: PARSLEY,PABLO

Date of Birth: 12/04/1964

Social Security Number: 999-99-9999

Application for Services and Consent to Treatment: Client Agrees to Accept Treatment

Client/Parent or Guardian Signature: [Signature Field] [Get Signature]

Clinician Signature: [Signature Field] [Get Signature]

Client/Parent or Guardian Date: 09/03/2010

Clinician Signature Date: 09/03/2010

APPLICATION FOR SERVICES AND CONSENT TO TX TAB PAGE 2

If client refuses or is unable to sign the consent, record the reason and date here.

AVPMCONV (LIVE) - PARSLEY,PABLO (000930099)/Application for Services and Consent to Tx

File Edit Favorites Avatar PM Avatar CWS Avatar MSO Help

Page 2 of 2

PARSLEY,PABLO (000930099) Date Of Birth: 12/04/1964; Sex: Male

Application for Services and Consent to Tx Acknowledgement of Receipt of Notice of Privacy Pr

Reason Client Refuses or is Unable to Sign

Client Refusal Date

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PR TAB PAGE 1

Use this page to indicate whether or not the client received a Notice of Privacy Practices and to enter the client's and the clinician's signatures.

NOTE: If the client is unable or unwilling to use the signature pad, have the client sign a paper copy of the consent and ask your administrator to scan it into the client's record.



IMPORTANT

Even if the client has signed a paper consent form, you must always enter the information in the electronic consent form in Avatar so the information will appear on Avatar reports, as well as create an automatic reminder when a new consent is due.

AVPMCONV (LIVE) - PARSLEY,PABLO (000930099)/Application for Services and Consent to Tx

File Edit Favorites Avatar PM Avatar CWS Avatar MSO Help

Page 1 of 2

PARSLEY,PABLO (000930099) Date Of Birth: 12/04/1964; Sex: Male

Application for Services and Consent to Tx Acknowledgement of Receipt of Notice of Privacy Pr

Consent and Acknowledgement of Receipt of Notice of Privacy Practices

Client acknowledge receiving copy of NPP

Client was not offered NPP

Client offered NPP but refused to accept

Get Signature

Client Parent Signature Date - NPP

09/03/2010 T Y

Get Signature

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PR TAB PAGE 2

This page allows you to choose the language the consent will print in.

AVPMCONV (LIVE) - PARSLEY,PABLO (000930099)/Application for Services and Consent to Tx

File Edit Favorites Avatar PM Avatar CWS Avatar MSO Help

Page 2 of 2

PARSLEY,PABLO (000930099) Date Of Birth: 12/04/1964; Sex: Male

Application for Services and Consent to Tx **Acknowledgement of Receipt of Notice of Privacy Pr**

Clinician Signature Date - NPP

09/03/2010 T Y

Clinician Signature - NPP not Offered

Get Signature

Clinician Signature Date - NPP not Offered

Choose Language to Print Consent

English

AUTHORIZATION FOR USE OR DISCLOSURE OF PHI

Use this consent to affirm the basic right of the client to privacy of medical information, including the right to request or to limit disclosures, except for those situations where existing law allows or requires disclosure without client authorization.

The request to disclose personal health information (PHI) related to treatment must be in writing. The request may be written on a Behavioral Health Services form or on another document that includes all the mandated information.

NOTE: If the client is unable or unwilling to use the signature pad, have the client sign a paper copy of the consent and ask your administrator to scan it into the client's record.



IMPORTANT

Even if the client has signed a paper consent form, you must always enter the information in the electronic consent form in Avatar so the information will appear on Avatar reports, as well as create an automatic reminder when a new consent is due.

AUTHORIZATION FOR USE OR DISCLOSURE OF PHI PAGE 1

Use this page to document the start and end dates for the consent, the person/organization requesting the information, and the specific information being authorized for disclosure.

The screenshot shows the Avatar software interface for the 'Authorization for Use or Disclosure of PHI' form. The window title is 'AVPMTTEST (SAMPLE) - APPLE, ADAM (000000390)/Authorization for Use or Disclosure of PHI'. The interface includes a menu bar (File, Edit, Favorites, Avatar PM, Avatar CWS), a toolbar with navigation icons, and a status bar at the bottom with 'Complete' and 'Chart Review' buttons. The main form area is divided into several sections:

- Client Information:** Client Name (APPLE, ADAM), Date of Birth (01/01/1984), Social Security Number (555-12-1234).
- Authorization Date:** 10/08/2009.
- Authorization Valid For One Year or Until (Specify date sooner than one year):** Empty field.
- Clinic/Unit Exchanging Health Information:** 410101 NORTH COUNTY ADULT.
- Clinic/Unit - Street, City, State:** Empty fields.
- Clinic/Unit - Zip Code:** 94401.
- Person/Organization Requesting Health Information:** Empty fields for Street, City, State, ZIP Code, and Phone.
- Information to be Disclosed:** A list of checkboxes: Assessment Including Diagnosis (checked), Discharge Summary (unchecked), Entire Health Record with history of... (unchecked), and Treatment Plan (checked).

AUTHORIZATION FOR USE OR DISCLOSURE OF PHI PAGE 2

Use this page to restrict the information to be released and to specify the contact information for the person you are sending the client's health information to.

AVPMCONV (LIVE) - APPLE, ADAM (000930026)/Authorization for Use or Disclosure of PHI

Page 2 of 3

APPLE, ADAM (000930026)

Authorization for Use or Disclosure of PHI

No more than the Specified Below

Only information from (date)

Only the following

Only Information From

Only Information To

Only The Following Health Information

This Information Will Be Used For The Following Purpose(s)

Assessment / Treatment

Consultation / 2nd Opinion

Other (Specify)

Information Used For Other Purposes (Specify)

Send my Health Information to - Name

Fax Number

Phone Number

Street

City

State

Zip Code

Legal Representative Relationship to the Client

Option

Complete

Authorization for Use or Disclosure of PHI

Chart Review

AUTHORIZATION FOR USE OR DISCLOSURE OF PHI PAGE 3

Use this page to indicate a revocation address and to gather the necessary signatures.

AVPMTST (SAMPLE) - APPLE, ADAM (000000390)/Authorization for Use or Disclosure of PHI

Page 3 of 3

ADAM APPLE (000000390) Client's Home Phone: 650-286-8466; Date Of Birth: 01/01/1984; Sex: Male

Authorization for Use or Disclosure of PHI

Revocation Delivered to - Street

Revocation Delivered to - City

Revocation Delivered to - State

Revocation Delivered to ZIP Code

Signature (Client/ Legal Representative)

Client Signature Date

Witness of Client/Representative Signature

Get Signature

Witness Signature Date

Legal Representative Relationship to the Client

Option

Complete

Authorization for Use or Disclosure of PHI

Chart Review

REQUEST FOR ACCESS TO PHI

Behavioral Health clients and certain client representatives shall be guaranteed access to their protected health information (PHI) upon written request. Clients and/or the client's representative shall be assisted, wherever necessary, in completing the required written request and forms. The goal is to enhance access by assisting the client or the client's representative in determining what information is wanted and why. Based upon this determination, the further goal is to provide a timely response that meets the client's wishes and is also clinically and legally sound.

NOTE: If the client is unable or unwilling to use the signature pad, have the client sign a paper copy of the consent and ask your administrator to scan it into the client's record.



IMPORTANT

Even if the client has signed a paper consent form, you must always enter the information in the electronic consent form in Avatar so the information will appear on Avatar reports, as well as create an automatic reminder when a new consent is due.

REQUEST FOR ACCESS TO PHI PAGE 1

Use this page to specify why the client or the client's representative is requesting PHI information and what information is being requested.

The screenshot shows the Avatar software interface for a 'Request for Access to PHI' form. The window title is 'AVPMTEST (SAMPLE) - APPLE, ADAM (000000390)/Request for Access to PHI'. The interface includes a menu bar (File, Edit, Favorites, Avatar PM, Avatar CWS), a toolbar with navigation icons, and a patient information header for 'ADAM APPLE (000000390)'. The main form area is titled 'Request for Access to PHI' and contains several sections: 'Client Name' (APPLE, ADAM), 'Date of Birth' (01/01/1984), a dropdown for 'Request for Access to PHI', a text area for 'All health information pertaining to any medical, mental or physical condition and treatment received - Except', 'Billing/Claims Information From' and 'To' fields, a section for 'Only The Following Records or Types of Health Information (Including Dates)', and 'Only Records From' field. On the right side, there are fields for 'Only Records To', 'Purpose of Request', 'I am requesting access to my health information for', 'Authorized Representative Name', 'Legal Relationship', 'Person requesting Public Health Information', and a 'Client Signature' area with a 'Get Signature' button. At the bottom, there is an 'Option' section with 'Complete' and 'Chart Review' buttons.

REQUEST FOR ACCESS TO PHI PAGE 2

Use this page for gathering signatures and indicating the signature dates.

The screenshot shows a web browser window titled "AVPMTEST (SAMPLE) - APPLE, ADAM (000000390)/Request for Access to PHI". The browser's address bar and menu bar are visible. The page content includes a patient header for "ADAM APPLE (000000390)" with details like "Episode: 1", "Client's Home Phone: 650-286-8466", "Date Of Birth: 01/01/1984", and "Sex: Male". The main section is titled "Request for Access to PHI" and contains two columns of input fields and buttons. The left column has "Client Signature Date", "Parent, Guardian or Authorized Representative" (with a "Get Signature" button), and "Date Signed by Parent, Guardian or Representative". The right column has "Witness Signature" (with a "Get Signature" button) and "Witness Signature Date". At the bottom, there is a "Complete" button and a navigation bar with "Request for Access to PHI" and "Chart Review" tabs.

AVPMTEST (SAMPLE) - APPLE, ADAM (000000390)/Request for Access to PHI

File Edit Favorites Avatar PM Avatar CWS Help

Page 2 of 2

ADAM APPLE (000000390) Episode: 1 Client's Home Phone: 650-286-8466; Date Of Birth: 01/01/1984; Sex: Male

Request for Access to PHI

Client Signature Date
 T Y

Parent, Guardian or Authorized Representative

Get Signature

Date Signed by Parent, Guardian or Representative
 T Y

Witness Signature

Get Signature

Witness Signature Date
 T Y

Option

Complete

Request for Access to PHI Chart Review

VERBAL AUTHORIZATION FOR RELEASE OF PHI TO FAMILY

Because family members are often the most consistent and knowledgeable advocates for their loved ones, it is recommended that staff review the Verbal Authorization for Release of PHI to Family with clients on admission, or as appropriate, so that it is readily available for review in the circumstance of an inquiry from a concerned person.

NOTE: If the client is unable or unwilling to use the signature pad, have the client sign a paper copy of the consent and ask your administrator to scan it into the client's record.



IMPORTANT

Even if the client has signed a paper consent form, you must always enter the information in the electronic consent form in Avatar so the information will appear on Avatar reports, as well as create an automatic reminder when a new consent is due.

VERBAL AUTHORIZATION FOR RELEASE OF PHI TO FAMILY PAGE 1

Use this page to specify what information can be discussed and with whom.

The screenshot displays the Avatar software interface for the 'Verbal Authorization for Release of PHI to Family' form. The window title is 'AVPMTEST (SAMPLE) - APPLE, ADAM (000000390)/Verbal Authorization for Release of PHI to Family'. The interface includes a menu bar (File, Edit, Favorites, Avatar PM, Avatar CWS, Help), a toolbar with navigation icons, and a status bar at the bottom with 'Complete' and three tabs: 'Verbal Authorization for Release of PHI t...', 'BHRS Client Relationships', and 'Chart Review'. The main form area is titled 'Verbal Authorization for Release of PHI to Family' and contains the following fields and options:

- Client Name:** APPLE, ADAM
- Date of Birth:** 01/01/1984
- Address - State:** CA
- Address - ZIP Code:** 94401
- Phone Number:** 650-555-1902
- Designated Person 1 Relationship:** Father
- Name of Designated Person 2:** (empty)
- Address (Person 2) - Street:** (empty)
- Address (Person 2) - City:** (empty)
- Address - ZIP Code:** (empty)
- Address (Person 2) - State:** (empty)
- Phone Number (Person 2):** (empty)
- Designated Person 2 Relationship:** (empty)
- Other Information Authorized:** (empty)
- Name of Designated Person 1:** APPLE, ARTHUR
- Address - Street:** 2130 EL CAMINO REAL
- Address - City:** SAN MATEO

Authorization Options:

- I Authorize to Verbally Discuss The Following Information
- My goals in the program
- Hospitalization
- My medication
- My general Physical and Mental Health
- Special problem areas (please specify)
- My general status in the program
- How to support my progress in the progr

VERBAL AUTHORIZATION FOR RELEASE OF PHI TO FAMILY PAGE 2

Use this page to gather signatures and indicate signature dates.

AVPMTEST (SAMPLE) - APPLE, ADAM (000000390)/Verbal Authorization for Release of PHI to Family

File Edit Favorites Avatar PM Avatar CWS Help

Page 2 of 2

ADAM APPLE (000000390) Client's Home Phone: 650-286-8466; Date Of Birth: 01/01/1984; Sex: Male

Verbal Authorization for Release of PHI to Family

| | |
|--|--|
| Client Signature | Treating Clinician Signature Date |
| <input type="text"/> | 10/08/2009 T Y |
| <input type="button" value="Get Signature"/> | Signature of Parent, Guardian or Authorized Representative |
| Client Signature Date | <input type="button" value="Get Signature"/> |
| 10/08/2009 T Y | |
| Signature of Treating Clinician | Date Signed by Parent, Guardian or Representative |
| <input type="text"/> | <input type="text"/> T Y |
| <input type="button" value="Get Signature"/> | |

Option

Complete

Verbal Authorization for Release of PHI t... BHR5 Client Relationships Chart Review

VERIFICATION FOR CONSENT TO MEDICATION

Use this consent to document the client's consent to be treated with medication. It collects the physician name and any known side effects to medicine.

NOTE: If the client is unable or unwilling to use the signature pad, have the client sign a paper copy of the consent and ask your administrator to scan it into the client's record.



IMPORTANT

Even if the client has signed a paper consent form, you must always enter the information in the electronic consent form in Avatar so the information will appear on Avatar reports, as well as create an automatic reminder when a new consent is due.

VERIFICATION FOR CONSENT TO MEDICATION TAB PAGE 1

Selecting a check box next to a family of medication activates the associated text fields. Click in the text area and enter the names of specific medications.

AVPMCONV (LIVE) - APPLE, ADAM (000930096)/Verification of Consent to Medication

File Edit Favorites Avatar PM Avatar CWS Avatar MSO Help

Page 1 of 3

APPLE, ADAM (000930096) Episode: 1 Date Of Birth: 03/01/1980; Sex: Male

Verification of Consent to Medication

Client Name
APPLE, ADAM

Physician Name
BECHER, MATT (000012) **Process Search**

Name/ID Number Unique Practitioner ID

Side Effects for Different Medications

- ADHD Medications
- Anti-Extrapyramidal (EPS) Medications
- Antianxiety / Hypnotic
- Antidepressant
- Antipsychotic
- Lithium
- Mood Stabilizer
- Others

ADHD Medications

Anti-Extrapyramidal (EPS) Medications

Antianxiety / Hypnotic

Antidepressant
Prozac, Celexa

Antipsychotic
Risperdal

Lithium

Option

Complete **Verification of Consent to Medication** **Chart Review**

VERIFICATION FOR CONSENT TO MEDICATION TAB PAGE 2

Document the signature of the person who is consenting to medication as well as the physician's signature and the date the consent is signed.

The screenshot shows a web application window titled "AVPMCONV (LIVE) - APPLE, ADAM (000930096)/Verification of Consent to Medication". The browser address bar shows "Page 2 of 3". The patient information displayed is "APPLE, ADAM (000930096) Episode: 1 Date Of Birth: 03/01/1980; Sex: Male".

The main content area is titled "Verification of Consent to Medication" and is divided into two columns:

- Mood Stabilizer:** A large empty text box for documentation.
- Others:** A large empty text box for documentation.
- Legal Relationship:** A dropdown menu.
- Client/parent or Guardian/Conservator Signature:** A signature field containing a handwritten signature. Below it is a "Get Signature" button.
- Physician Signature:** A signature field containing a handwritten signature "Dr. M. A. A.". Below it is a "Get Signature" button.
- Client/parent or Guardian/Conservator Signature date:** A date field with "07/19/2010" and "T Y" buttons.
- Physician Signature Date:** A date field with "07/19/2010" and "T Y" buttons.

At the bottom, there is a "Complete" button and a "Chart Review" button.

VERIFICATION FOR CONSENT TO MEDICATION TAB PAGE 3

Use this page to gather additional signatures and specify the language for printing the consent.

The screenshot shows a web browser window titled "AVPMCONV (LIVE) - APPLE, ADAM (000930096)/Verification of Consent to Medication". The browser's address bar and menu bar are visible. The page content includes:

- Page navigation: "Page 3 of 3" with back, forward, and search icons.
- Client Information: "APPLE, ADAM (000930096) Episode: 1 Date Of Birth: 03/01/1980; Sex: Male".
- Section Header: "Verification of Consent to Medication".
- Form Fields:
 - "Youth Signature": A large empty text area with a "Get Signature" button below it.
 - "Client Concurs, but chooses NOT to sign": A dropdown menu.
 - "I have read and acknowledged the 'Acknowledgement and Agreement,' and agree to the conditions": A bolded instruction.
 - "Client/parent or Guardian/Conservator Initials": A text area containing a handwritten signature and initials, with a "Get Initials" button below it.
 - "Choose Language to Print Consent": A dropdown menu currently set to "English".
- Footer: A "Complete" button and a navigation bar with "Verification of Consent to Medication" and "Chart Review" tabs.



Exercise 1 Create, Print, and Scan a Consent Form

In this exercise you will create an Application for Services and Consent to Treatment for a client, print a hard copy, obtain a client signature, and scan the signed copy into Avatar.

Before You Begin: Select a fictitious client name using the Select Client icon.

1. Choose Avatar CWS→Consents→Application for Services and Consent to Tx from the Menu Frame.
2. If the Pre-Display screen appears, click the Add button to start a new consent.
3. The Client Name, Date of Birth, and Social Security Number fields should automatically populate.
4. Select Client Agrees to Accept Treatment from the Application for Services and Consent to Treatment dropdown list.
5. Click the T button in the Client/Parent or Guardian Date field to enter today's date.
6. Click the T button in the Clinician's Signature Date field to enter today's date.
7. Go to the Acknowledgement of Receipt of Notice of Privacy Pr tab.
8. Select Client Acknowledges Receiving Copy of NPP.
9. Click the T button in the Client Parent Signature Date – NPP field to enter today's date.
10. Click the Forward  icon to go to page 2.
11. Click the T button in the Clinician Signature Date – NPP field to enter today's date.
12. Choose English from the Choose Language to Print Consent dropdown list.
13. Click the Submit  icon to generate the consent.

DOWNLOAD THE CONSENT

14. If necessary, answer OK to the Download Report from Server message.
15. Click the Print Report  icon in the upper-left corner of the window to print a hard copy of the consent for the client to sign.
16. When the Print dialog box appears, click OK.
17. Click the Close  button in the upper-right corner of the report window.
18. Sign the hard copy and also have client sign.
19. Give the signed copy of the consent to your administrator to scan into Avatar.
20. Give the original copy of the consent to the client.

