Consent Forms
Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESSON SCENARIO</td>
<td></td>
</tr>
<tr>
<td>UNDERSTANDING CONSENT FORMS</td>
<td></td>
</tr>
<tr>
<td>WHO CAN PERFORM THIS FUNCTION?</td>
<td></td>
</tr>
<tr>
<td>MENU PATHS</td>
<td></td>
</tr>
<tr>
<td>APPLICATION FOR SERVICES AND CONSENT TO TREATMENT</td>
<td></td>
</tr>
<tr>
<td>Application for Services and Consent to Tx Tab Page 1</td>
<td>4</td>
</tr>
<tr>
<td>Application for Services and Consent to Tx Tab Page 2</td>
<td>5</td>
</tr>
<tr>
<td>Acknowledgment of Receipt of Notice of Privacy Pr Tab Page 1</td>
<td>5</td>
</tr>
<tr>
<td>Acknowledgment of Receipt of Notice of Privacy Pr Tab Page 2</td>
<td>6</td>
</tr>
<tr>
<td>AUTHORIZATION FOR USE OR DISCLOSURE OF PHI</td>
<td></td>
</tr>
<tr>
<td>Authorization for Use or Disclosure of PHI Page 1</td>
<td>7</td>
</tr>
<tr>
<td>Authorization for Use or Disclosure of PHI Page 2</td>
<td>8</td>
</tr>
<tr>
<td>Authorization for Use or Disclosure of PHI Page 3</td>
<td>8</td>
</tr>
<tr>
<td>REQUEST FOR ACCESS TO PHI</td>
<td></td>
</tr>
<tr>
<td>Request for Access to PHI Page 1</td>
<td>9</td>
</tr>
<tr>
<td>Request for Access to PHI Page 2</td>
<td>10</td>
</tr>
<tr>
<td>VERBAL AUTHORIZATION FOR RELEASE OF PHI TO FAMILY</td>
<td></td>
</tr>
<tr>
<td>Verbal Authorization for Release of PHI to Family Page 1</td>
<td>11</td>
</tr>
<tr>
<td>Verbal Authorization for Release of PHI to Family Page 2</td>
<td>12</td>
</tr>
<tr>
<td>VERIFICATION FOR CONSENT TO MEDICATION</td>
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<tr>
<td>Verification for Consent to Medication Tab Page 1</td>
<td>13</td>
</tr>
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<td>14</td>
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<tr>
<td>Verification for Consent to Medication Tab Page 3</td>
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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.

![Application for Services and Consent to Treatment Form]

San Mateo County Behavioral Health and Recovery Services

APPLICATION FOR SERVICES AND CONSENT TO TREATMENT

Confidential Patient Information:
See California Welfare and Institutions Code Section 5328.

Client Name: PARSLEY, PABLO
Social Security #: 999-99-9999
DOB: 12/4/1964
BHRS #: 930099

I, hereby make application for myself, or my minor child, to receive care and treatment voluntarily from San Mateo County Mental Health Services.

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.

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.

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, 800-388-6189. 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.

I have read the above and I agree to accept treatment for myself or my child, and I further agree to all conditions set forth herein. I acknowledge that I have received a copy of this agreement.
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.

⚠️ 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.

⚠️ IMPORTANT

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.
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.

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.
ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PR TAB PAGE 2

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

<table>
<thead>
<tr>
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<tr>
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| Authorization Valid For One Year or Until (Specify date sooner than one year) |

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<table>
<thead>
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<th>Person/Organization - Phone</th>
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<table>
<thead>
<tr>
<th>Clinic/Unit - State</th>
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</table>
**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.

**Authorization for Use or Disclosure of PHI Page 3**

Use this page to indicate a revocation address and to gather the necessary signatures.
**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.
REQUEST FOR ACCESS TO PHI PAGE 2

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

[Image of the user interface for requesting access to PHI with fields for client signature date, parent/guardian/authorized representative signature, witness signature date, and option to get signature.]
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.
Use this page to gather signatures and indicate signature dates.
**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.
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.
VERIFICATION FOR CONSENT TO MEDICATION TAB PAGE 3

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

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.