

INFORMED CONSENT

Drafted 1.17.16. revised 2.2.16, endorsed HI&QC 2.21.16, revised 2.29.16.revised & approved 3.6.16

Function	Required		Language for informing prior to obtaining consent:
	Disclosure	Consent	
Unencrypted email, including ScreeningWare emails		X	<p>Computers and electronic communications (cell phones, email and texting) risk confidentiality unless they are encrypted. Please indicate you been informed of the risks, including but not limited to my confidentiality of transmitting my protected health information by unsecured means.</p> <p>My computers are protected by firewalls, antivirus software, complex password and disk encryption. My mobile phone is protected by a complex password, remote tracking and remote erasure. These measures cannot fully guarantee security.</p> <p>Additional: I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this authorization at any time.</p>
EHR	X		<p>I use CarePaths Online Behavioral EHR (electronic health record) to keep client records. This is a cloud-based record system that has been certified as compliant with federal standards for security. I have entered into a HIPAA Business Associate Agreement with CarePaths that obligates them to protect your records according to HIPAA regulations. However, no measures can fully guarantee security.</p> <p>Optional language for obtaining consent: Please indicate that you understand and give consent to keep a record of your visit in an electronic health record by signing below.</p>
ScreeningWare	X		<p>PREVIOUSLY APPROVED BY AN ATTORNEY: As a routine part of my practice, I administer progress and outcome measures to my clients. I may request information about your history, symptoms, health and emotional well-being through an online service that is encrypted and highly secure. The results give us feedback about your progress and help me provide better treatment. This information becomes part of your medical record and is legally confidential. I may share information from these progress and outcome measures with your other healthcare providers.</p>

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			<p>Optional language for obtaining consent: Please indicate that you understand give consent to ScreeningWare by signing below.</p>
<p>Aggregated data/Practice Research Network</p>	<p>Therapist choice</p>	<p>Therapist choice. Consent not needed because HIPAA allows use of de-identified data for research.</p>	<p>I am a member of an organization of independent mental health professionals, the American Mental Health Alliance (AMHA).</p> <p>As permitted by HIPAA regulations, AMHA gathers data from your electronic health record for quality improvement, demonstrating clinical effectiveness, research, and meeting insurance contract requirements. When used in this way, your name and identifying information are omitted, and your answers are grouped together with those of many other clients. This de-identified data contains no information to identify you personally. Please tell me immediately if you do not consent to this use of your de-identified data, as I can create an electronic record for your treatment that is exempt from de-identified aggregation.</p> <p>Optional language for obtaining consent: Please indicate that you understand give consent to aggregating de-identified data in a practice research network.</p>