

CBHS Policies and Procedures



City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: **BHS Client Electronic Signature Policy in Ambulatory Care**

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Director of Behavioral Health Services

Policy Number 6.00-08

A handwritten signature in black ink, appearing to read "Irene Sung".

Effective Date: October 24, 2019

New Policy

PURPOSE

To maintain the accuracy and integrity of full electronic health record (EHR), for San Francisco Health Network – Behavioral Health Services. To obtain electronic signatures from the client as the primary method of signature capture.

BACKGROUND: The San Francisco Behavioral Health Services (BHS) is currently in the process of implementing a full Electronic Health Record (EHR). Since January 2017 the Treatment Plan of Care, Authorization for use or Disclosure of Protected Health Information and the Informed Consent for Psychiatric Medication (s) have been available in electronic format to Outpatient Civil Service and CBOs in the system of care.

The following forms have been revised and are available electronically in the BHS EHR:
Consent for Behavioral Health Services Mental Health/Substance Use Disorder Programs.
SFDPH Summary Notice of HIPAA Privacy Practices and Acknowledgement of Receipt
Acknowledgement of Receipt of Materials.

Authorization to Release Information for Billing and Assignment of Benefits.
Advance Beneficiary Notice of Non-coverage (ABN).
UMDAP/PFI Billing form.

SCOPE: This policy applies to all BHS and BHS- affiliated organizations providing care to specialty mental health and/or substance abuse clients in Adult/Older Adult (A/OA), Child, Youth and Family (CYF), and Substance Use Disorders (SUD) in ambulatory care where electronic forms and signature pads are available in the EHR.

POLICY:

1. Organizations as stated above in scope section shall use the electronic forms available and obtain the electronic signatures of clients. Refer to specific policy regarding each form for specifics on requirements. (e. g. CBHS Medical Records Policy 12/19/13 Manual Number 3.10-2. This policy speaks to the use of electronic versions and electronic signatures.

2. Exceptions would be programs offering field based services without access to any electronic device or other methods to obtain the electronic signature from the clients.

3. BHS staff documents services provided to clients in an accurate and timely manner in accordance with state and federal regulations, including all BHS policies and procedures pertaining to client confidentiality, data security, and integrity of behavioral health records. (CBHS Medical Records Policy 12/19/13 Manual Number 3.10-2)

PROCEDURE:

1. The client's signatures must be obtained electronically for all following forms upon admission. Episodic forms need only be completed once. Annual forms should be completed at opening and yearly with the Treatment Plan of Care update.

2. Electronic forms with client electronic signature

Avatar/EHR Name	Form Title	Time Period
Consent for BHS MHS/SUD Services	Consent for Behavioral Health Services Mental Health/Substance Use Disorder	Episodic (CYF programs require annual update)
HIPAA Form	SFDPH Summary of HIPAA Privacy Acknowledgment of Receipt	Upon admission and annually
Acknowledgement of Receipt of Materials	Acknowledgement of Receipt of Materials	Episodic (CYF programs require annual update)
Billing Authorization	Authorization to Release Information for Billing and Assignment of Benefits	Upon admission annually or when there are changes in the status of the case
PFI Signature (to obtain signature) Family Registration (to create a new PFI or to update it)	UMDAP/PFI Billing Form	Upon admission annually or when there are changes in the status of the case
Advance Beneficiary Notice of Noncoverage	Advance Beneficiary Notice of Noncoverage (ABN)	Upon admission, annually or each time there is a change in coverage

TPOC	Adult/older Adult MH Treatment Plan of Care CYF 0/18 Treatment Plan of Care SUD Treatment Plan of Care	Updated at least annually and/or when there are significant changes in the client's condition.
Avatar Name	Form Title	Time Period
PHI Authorization	Authorization for Use or Disclose Health Information	Authorization must be obtain before using or disclosing PHI, unless the use or disclosure is specifically permitted or required by law
Psychiatric Medication Consent	Psychiatric Medication Consent	For more information about this form refer to the Policy CBHSM Psychiatric Medication Consent in Ambulatory Care a (Policy Number 3.5-04)

