

Template Applications – Consent for Non-Routine Healthcare

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Template Applications – Consent for Non-Routine Healthcare

Introduction

This application consists of three pages to manage consent for non-routine healthcare, generally in a Department of Children and Family Services environment. However, it could be adapted for other similar environments too.

The first two pages capture the data needed to make the request, and the third is for approval.

Consent for "Non-Routine" Health Care / Treatment
(This consent is void 60 days from the date of agreement)

Child's Name DoB Child's ID
Worker's Name Rm Email
Supervisor's Name Rm Email
Director's Name Rm Email

Provider's Name Provider's Facility
Address
City / State / ZIP Contact
Phone # Fax #

Upon the advice of Dr. , consent is hereby requested for

(specify the type of treatment / procedure and treatment indication)

NEXT

Consent for "Non-Routine" Health Care / Treatment
(This consent is void 60 days from the date of agreement)

BILLING INSTRUCTIONS:
The Provider of services is required to seek payment from a third-party payor for services rendered which may be covered by such a third-party. These services include but are not limited to mental health, dental and medical services. If a third party could or should have paid for the services, then it is the Provider's sole responsibility to arrange for such payment. To assist the Provider, we will use best efforts to obtain a Medicaid number, if required, as may be necessary to secure a source of payment for services, such as medical, dental, or mental health, which may be, or should be, covered by other third parties, as soon as practical. Services eligible for payment from alternative sources, such as, but not limited to, the third-party payors, such as the Medicaid program or any other program, may not be billed to without prior authorization from the Director or his designee. The department will consider invoices for services when the county ward is determined not to be eligible for payment from other programs for reasons, for example, exceeding financial eligibility requirements.

RELEASE OF INFORMATION / SERVICE REPORTING:
The undersigned further hereby authorizes the substitute caregiver to provide any information concerning said child which is necessary to any individual or facility providing treatment / care for the above-named child. Furthermore, it is understood that the Health Care Provider will complete a Medical Service Report and forward it to us within 24 hrs of the delivery of services. The Medical Service Reporting Form may be used to verify actual services rendered against any service invoices received by the provider.

This request for consent is made by
(Enter full name) (Enter email address) (Enter tel number)

Job Title: On
(Must be a Senior Manager or above)

BACK **SUBMIT**

Consent for "Non-Routine" Health Care / Treatment

Social Worker Decision (Roberta Chang)
 Approved Denied
Comments: Date:

Supervisor Decision (Annette Jackson)
 Approved Denied
Comments: Date:

Director Decision (Lily Wood)
 Approved Denied
Comments: Date:

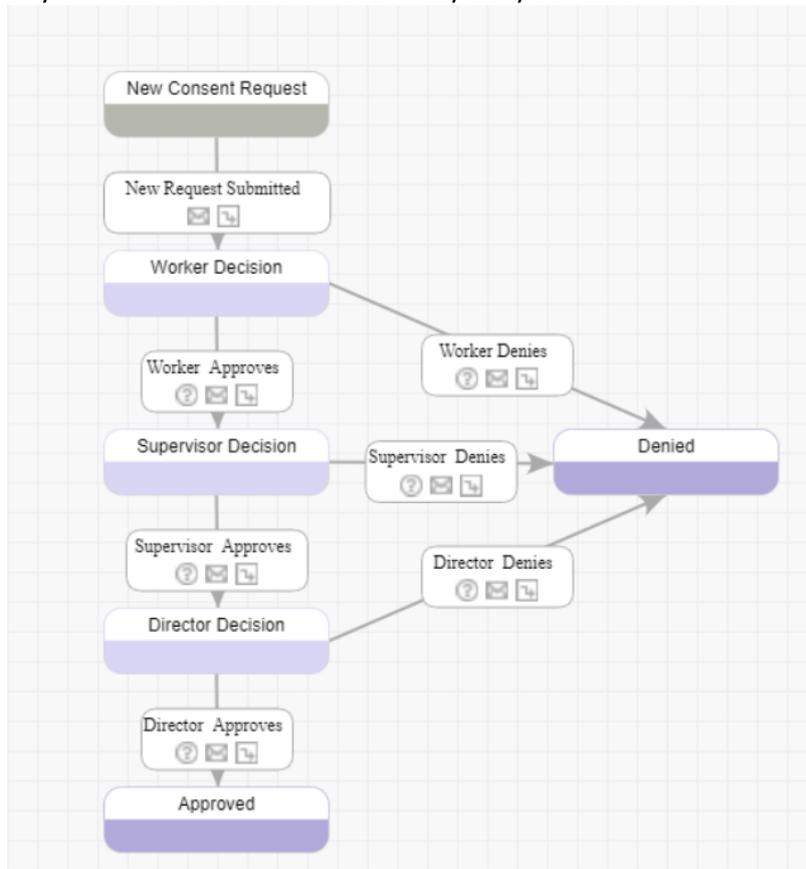
BACK **SUBMIT**

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Workflow Logic

The subject's social worker will be the first asked to consent, followed by their supervisor and finally their director.

Any of the three decision-makers may deny consent.



Notable Behaviors

When the decision-makers' names are entered or modified on the first page, they are copied into the headers on the approval page using the Set Property command.

Installation Instructions

Stakeholders' e-mail addresses are collected in the application; no changes need to be made after the app has been imported and published in your account.

The graphic Header is included as a picture on the first page and is easy to remove. Alternatively, there is space on either side of the image for your logo or address.

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Mobile Version

This application is enhanced for mobile use.

If you have the mobile version license and want to utilize the feature for this application, please make sure that you check the option to make the Mobile version active after importing the application.

Publish

| | |
|---|-----|
| Published Version | 1.0 |
| <input checked="" type="checkbox"/> Form is active | |
| Completed Mobile Version | Yes |
| <input checked="" type="checkbox"/> Mobile Form is active | |

Note: If you choose not to utilize this feature after import, you will be prompted again when you publish the application.