

DBH Forms

ADS	Alcohol and Drug
ABN_Form	Advance Beneficiary Notice Of Non Coverage
ADS001	Code of Professional Conduct for Drug & Alcohol Staff Acknowledgment
ADS002	Title 22 Fair Hearing Rights
ADS003_E	Notice of Personal/Civil Rights
ADS003_S	Notice of Personal/Civil Rights
ADS004	Alcohol and Drug Counselors Statement of Acknowledgement of the Requirement to obtain Certification for Continued Employment
ADS005	Counselor Certifying Obligation
ADS006	Alcohol and Drug Services Agency Evaluation
ADS008	Substance Abuse Services Client Registration Form (CalOMS)
ADS009	Substance Abuse Services Client Episode Opening Summary (CalOMS)
ADS010	Substance Abuse Services Client Episode Closing Summary (CalOMS)
ADS011	QAR Initial Review
ADS012	QAR Continued Review
ADS013	Stay Review-Justification for Continuing Service
ADS014	Waiver of Drug Medi-CAL Admission Physical
ADS015	ADS Discharge Summary
ADS016	Intensive Outpatient Criteria
ADS017	Outpatient Criteria
ADS019	Residential Criteria
ADS020	Second Service on Same Day
ADS021	Social Model Residential Detox

BOP	Business Operations
BOP001	Travel Expenditures and Claim for Payment Instructions
BOP002	Justification For Out-Of-State Travel
BOP003	Visa Justification Statement
BOP004	County Vehicle Log
BOP005	Authorization to Submit or Approve Orders
BOP006	Purchasing Procedures Flowchart
BOP007	Purchase Request
BOP008	Incentive Cards - Distribution to Participants
BOP009	Incentive Cards - Log
BOP010	Incentive Cards - Inventory
BOP011	Purchase Request Routing Slip (Petty Cash purchases)
BOP012	Petty Cash Transaction Form
BOP013	Policy, Procedure and Form Request Form
BOP014	Policy, Procedure and Form Deletion Request Form
BOP015	Business Card Order Form
BOP016	Ink Stamp Order Form
BOP017	Name Plates Order Form
BOP018	County Vehicle Requisition
BOP019	Surplus Furniture Removal Memo
BOP020	Travel Request
BOP021	FPM Project Request Form
BOP022	Medi-Cal Certification Packet Approval Form
BOP023	Request for Cost Center Number
BOP024	Mode of Service Codes

DBH Forms

CHD	Children's
CHD_INTER_E	Children's Interagency Authorization to Exchange PHI-English
CHD_INTER_S	Children's Interagency Authorization to Exchange PHI-Spanish
CHD002	Healthy Families Mental Health Response Form
CHD003	AB 2726 Financial Liability
CHD004	AB 2726 Assessment Plan
CHD005	AB 2726 Outpatient Service Plan
CHD006	AB 2726 Clinical Assessment Counseling
CHD007	AB 2726 Clinical Assessment Assaultive Behavior
CHD008	AB 2726 Clinical Assessment Residential
CHD009	AB 2726 Clinical Assessment Mental Status
CHD010	AB 2726 Clinical Assessment Fire setting
CHD011	AB 2726 IEP-Residential Placement Plan
CHD012	TBS Assessment
CHD013	TBS Risk Assessment
CHD014	TBS Referral
CHD015	TBS Notification to State DMH
CHD016	Treatment Plan - Initial Authorization
CHD017	Treatment Plan - Subsequent Authorization
CHD018	AB 2149 Intro Letter
CHD019	AB 2149 Special Incident Reporting
CHD020	Out-of-Plan Payment Authorization Request/Approval Form
CLK	Clerical
CLK003	Scheduling Template
CLK004	Schedule Change Request
CLP	Clinical Practice
CLP001	Client Payment Agreement
CLP002	Client Episode Summary (CSI)
CLP003_E	Initial Contact (CSI)
CLP003_S	Initial Contact (CSI)-Spanish
CLP004	Periodic Data (CSI)
CLP005	Pre-Assessment Screening Survey
CLP006	CDI-Universal
CLP007	CDI-Cal Works
CLP008	CDI-Conrep
CLP009	CDI-JJOP
CLP010	CDI-Correction Invoice
CLP011	Adult Clinical Assessment
CLP012	Client Resource Evaluation
CLP013	Adult Psychiatric Evaluation
CLP014	Child/Adol Psychiatric Evaluation
CLP015	Child/Adol Clinical Assessment
CLP016	Physical Assessment
CLP017	Client Recovery Evaluation (Annual)
CLP018	Request to Waive Consumer's Responsibility to Pay for Medication
CLP019	Care Necessity
CLP020	Psychological Testing Referral
CLP021	Healthy Homes Assessment
CLP022	Diagnosis Form
CLP024_E	Client Recovery Plan
CLP024_S	Client Recovery Plan-Spanish
CLP025	Discharge Summary

DBH Forms

CLP	Clinical Practice
CLP026	AIMS-Abnormal Involuntary Movement Scale
CLP027	Interdisciplinary (ID) Notes
CLP028	Service Team Actions
CLP029_E	Care Giver Affidavit
CLP029_S	Care Giver Affidavit-Spanish
CLP030	Request for Verification of Veterans Status for Mental Health Services
CLP031	Consent and Authorization to Exchange Confidential Information Regarding Veterans Status
CLP035	Medication Support Services Client Plan
COM	Compliance
COM001_E	Authorization for Release of Protected Health Information (PHI)
COM001_S	Authorization for Release of Protected Health Information (PHI)-Spanish
COM002	Sample Fax Cover Sheet
COM003	Code of Conduct Acknowledgement
COM004_E	DBH Notice of Privacy Practices and Acknowledgement Form
COM004_S	DBH Notice of Privacy Practices and Acknowledgement form-Spanish
COM005	Advance Directive Acknowledgement
COM006	Certification Review Hearing-Waiver of Presence
COM007	Sensitive Chart Form
COM008	Treatment Authorization Request-Adult
COM009	Treatment Authorization Request-Child
COM010	Treatment Re-Authorization Request-Adult
COM011	Treatment Re-Authorization Request-Child
COM012	Index of Confidential Information Released
COM013_E	Consent of Outpatient Treatment
COM013_S	Consent of Outpatient Treatment-Spanish
COM014_E	Medical Care Authorization for Minor
COM014_S	Medical Care Authorization for Minor-Spanish
COM015_E	Consent for Sound & Photographic Recordings
COM016_E	Consent To Record And/Or Photograph And Authorization For Use Or Disclosure
COM016_S	Consent To Record And/Or Photograph And Authorization For Use Or Disclosure-Spanish
COM018_E	Advance Directive Notice (Client)
COM018_S	Advance Directive Notice (Client)-Spanish
COM019	Delegation of TX Consent
COM020	Conflict of Interest Disclosure
COM021_E	Access to Medical Records Request
COM021_S	Access to Medical Records Request - Spanish
COM022_E	Response to Request to Access Medical Records
COM022_S	Response to Request to Access Medical Records - Spanish
COM023_E	Request to Amend Protected Health Information (PHI)
COM023_S	Request to Amend Protected Health Information (PHI) - Spanish
COM024_E	Response to Request to Amend Protected Health Information (PHI)
COM024_S	Response to Request to Amend Protected Health Information (PHI) - Spanish
COM025	Internal Tracking of Request to Access Medical Records
COM026_E	Release of Information: Patient's Right of Access to His/Her Own Medical Record-English
COM026_S	Release of Information: Patient's Right of Access to His/Her Own Medical Record - Spanish

DBH Forms

CUL	Cultural Competency
CUL002	Translation Request
CUL003	Outside Vendor Services Request Form
CUL004	Outside Vendor Cost Report
CUL005	Initial Contact Log
HR	Human Resources
HR001	Position/Justification Form
HR002	Waiver Request Cover Letter
HR003	Pre-Lic MFT/MSW Stmt of Awareness of Need to Obtain Licensre for Continued Employment
HR004	Overtime Authorization Form
HR005	Unpaid Leave Due to No Proof of License or Registration
HR006	Pre-Lic/Out-of-State Licensed Ready Psychologists Stmt of Awareness to obtain Licensure
HR007	Dress and Grooming Acknowledgement Form
HR008	DBH Intra Department Transfer (IDT) Form
HR009	Borrowed Position Requisition
HR010	Property Return Checklist
HR011	Exit Interview Form
HR012	Employee Information Checklist
HR013	DBH New Hire Welcome Letter
HR014	Tuberculosis Screening Confirmation Form
HR015	Volunteer Services Program Request Form
IT	Information Technology
IT002	Information Technology Systems Development Service Request
MDS	Medical Services
MDS001	Quarterly Physician's Cabinet Inspection
MDS002_E	Medication Consent Form
MDS002_S	Medication Consent Form-Spanish
MDS003	Verbal/Telephone Consent for Administration of Psychotropic Medication Form
MDS004	Letter to Parent-Legal guardian Juvenile Detention Template 1
MDS005	Letter Requesting Psychotropic Medication Template 2
MDS006	Alert Sheet for Allergies
MDS007	Outpatient Medication Record
MDS008	Medication Visit (ID Note)
MDS009	Medication Only Cases Log
MH12	Mental Health Professional Licensing Waiver Request
PR	Patients' Rights
PR001	Patients' Rights Office Grievance Appeal Form
QM	Quality Management
QM001	Chart Audit Tool
QM045	Mode of Service/Procedure Code Change Form
QM046	State Pre-Audit Chart Review Audit Tool
QM047_E	Change of Provider Request Form
QM047_S	Change of Provider Request Form
QM048_E	Request for Second Opinion
QM048_S	Request for Second Opinion
QM049	Mental Health and Alcohol and Drug Services Agency Evaluation
QM050_E	Grievance Form
QM050_S	Grievance Form
QM051_E	Appeal Form
QM051_S	Appeal Form
QM052	Quality Assurance Review of Unexpected Deaths

DBH Forms

QM	Quality Management
QM053	Unusual Occurance/Incident Report
QM054	Clinic Supervisor Chart Audits
QM055	Program Manager Chart Audit
QM056	Quality Assurance Audit At Annual Point
QM057	Medication Monitoring Questionnaire
QM058_E	NOA-A
QM058_S	NOA-A
QM059_E	NOA-B
QM059_S	NOA-B
QM060_E	NOA-C
QM060_S	NOA-C
QM061_E	NOA-D
QM061_S	NOA-D
QM062_E	NOA-E
QM062_S	NOA-E
QM063	MHS 902 Clinic Log
QM064	Research Information Letter & Application Forms
QM065	Research Table of Contents
QM066	Research Application Face Sheet
QM067	Research Agreement
QM068	Research Resources, Risks, and Support Form
QM069	Research Informed Consent
QM070	Research HIPAA Compliance Assurance
QM071	Research Application Checklist
QM072	Research Review and Approval Tracking Form
QM073	Reporting Unit Set -Up Form (Cert)
SFT	Safety
SFT005	Kiln Safeguards
SFT006	Kiln Checklist
SFT039	Safety Report Concern - Contact Sheet
SFT047	Investigation of Workplace Incidents, Occupational Injury/Illnesses & Hazardous Exposure
SFT050	Bomb Threat Checklist
SFT051	LSC Posting
SFT052	HIPAA Baseline Privacy & Security Walk-through Audit
SFT053	Emergency Action Plan (EAP)
SFT054	Medical Waster Program
SFT055	Hazard Communication Program
SFT056	Fire Drill Reports Guide
TRA	Training
TRA001	Training Coordination Request