

# DBH Forms

STATE	
MH12	<a href="#">MH Professional Licensing Waiver Request</a>
MH5120	<a href="#">SB785 Client Assessment</a>
MH5121	<a href="#">SB785 Client Assessment Update</a>
MH5122	<a href="#">SB785 Client Plan</a>
MH5123	<a href="#">SB785 Progress Notes/Day Rehabilitative Services</a>
MH5124	<a href="#">SB785 Progress Notes/Day Treatment Intensive Services</a>
MH5125	<a href="#">SB785 Services Authorization Request (SAR)</a>
MH5126	<a href="#">SB785 Organizational Provider Agrmnt for Foster Children Placed Out of County</a>
ADS Alcohol and Drug	
ABN_Form	<a href="#">Advance Beneficiary Notice Of Non Coverage</a>
ADS001	<a href="#">Code of Professional Conduct for Drug &amp; Alcohol Staff Acknowledgment</a>
ADS002	<a href="#">Title 22 Fair Hearing Rights</a>
ADS003_E	<a href="#">Notice of Personal/Civil Rights</a>
ADS003_S	<a href="#">Notice of Personal/Civil Rights</a>
ADS004	<a href="#">A &amp; D Counselors Statement of Acknowledgement of the Req. to obtain Cert. for Continued Employment</a>
ADS005	<a href="#">Counselor Certifying Obligation</a>
ADS006	<a href="#">Alcohol and Drug Services Agency Evaluation</a>
ADS008	<a href="#">Substance Abuse Services Client Registration Form (CalOMS)</a>
ADS009	<a href="#">Substance Abuse Services Client Episode Opening Summary (CalOMS)</a>
ADS010	<a href="#">Substance Abuse Services Client Episode Closing Summary (CalOMS)</a>
ADS011	<a href="#">QAR Initial Review</a>
ADS012	<a href="#">QAR Continued Review</a>
ADS013	<a href="#">Stay Review-Justification for Continuing Service</a>
ADS014	<a href="#">Waiver of Drug Medi-CAL Admission Physical</a>
ADS015	<a href="#">ADS Discharge Summary</a>
ADS016	<a href="#">Intensive Outpatient Criteria</a>
ADS017	<a href="#">Outpatient Criteria</a>
ADS019	<a href="#">Residential Criteria</a>
ADS020	<a href="#">Second Service on Same Day</a>
ADS021	<a href="#">Social Model Residential Detox</a>
BOP Business Operations	
BOP001	<a href="#">Travel Expenditures and Claim for Payment Instructions</a>
BOP002	<a href="#">Justification For Out-Of-State Travel</a>
BOP003	<a href="#">Visa Justification Statement</a>
BOP004	<a href="#">County Vehicle Log</a>
BOP005	<a href="#">Authorization to Submit or Approve Orders</a>
BOP006	<a href="#">Purchasing Procedures Flowchart</a>
BOP007	<a href="#">Purchase Request</a>
BOP008	<a href="#">Incentive Cards - Distribution to Participants</a>
BOP009	<a href="#">Incentive Cards - Log</a>
BOP010	<a href="#">Incentive Cards - Inventory</a>
BOP011	<a href="#">Purchase Request Routing Slip (Petty Cash purchases)</a>
BOP012	<a href="#">Petty Cash Transaction Form</a>

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<b>BOP</b>	<b>Business Operations</b>
BOP013	<a href="#">Policy, Procedure and Form Request Form</a>
BOP014	<a href="#">Policy, Procedure and Form Deletion Request Form</a>
BOP015	<a href="#">Business Card Order Form</a>
BOP016	<a href="#">Ink Stamp Order Form</a>
BOP017	<a href="#">Name Plates Order Form</a>
BOP018	<a href="#">County Vehicle Requisition</a>
BOP019	<a href="#">Surplus Furniture Removal Memo</a>
BOP020	<a href="#">Travel Request</a>
BOP021	<a href="#">FPM Project Request Form</a>
BOP022	<a href="#">Medi-Cal Certification Packet Approval Form</a>
BOP023	<a href="#">Request for Cost Center Number</a>
BOP024	<a href="#">Mode of Service Codes</a>
<b>CHD</b>	<b>Children's</b>
CHD_INTER_E	<a href="#">Children's Interagency Authorization to Exchange PHI-English</a>
CHD_INTER_S	<a href="#">Children's Interagency Authorization to Exchange PHI-Spanish</a>
CHD002	<a href="#">Healthy Families Mental Health Response Form</a>
CHD003	<a href="#">AB 2726 Financial Liability</a>
CHD004	<a href="#">AB 2726 Assessment Plan</a>
CHD005	<a href="#">AB 2726 Outpatient Service Plan</a>
CHD006	<a href="#">AB 2726 Clinical Assessment Counseling</a>
CHD007	<a href="#">AB 2726 Clinical Assessment Assaultive Behavior</a>
CHD008	<a href="#">AB 2726 Clinical Assessment Residential</a>
CHD009	<a href="#">AB 2726 Clinical Assessment Mental Status</a>
CHD010	<a href="#">AB 2726 Clinical Assessment Fire setting</a>
CHD011	<a href="#">AB 2726 IEP-Residential Placement Plan</a>
CHD012	<a href="#">TBS Assessment</a>
CHD013	<a href="#">TBS Risk Assessment</a>
CHD014	<a href="#">TBS Referral</a>
CHD015	<a href="#">TBS Notification to State DMH</a>
CHD016	<a href="#">Treatment Plan - Initial Authorization</a>
CHD017	<a href="#">Treatment Plan - Subsequent Authorization</a>
CHD018	<a href="#">AB 2149 Intro Letter</a>
CHD019	<a href="#">AB 2149 Special Incident Reporting</a>
<b>CLK</b>	<b>Clerical</b>
CLK003	<a href="#">Scheduling Template</a>
CLK004	<a href="#">Schedule Change Request</a>
CLK006	<a href="#">Physician Request Form</a>
<b>CLP</b>	<b>Clinical Practice</b>
CLP001	<a href="#">Client Payment Agreement</a>
CLP002	<a href="#">Client Episode Summary (CSI)</a>
CLP003_E	<a href="#">Initial Contact (CSI)</a>
CLP003_S	<a href="#">Initial Contact (CSI)-Spanish</a>
CLP004	<a href="#">Periodic Data (CSI)</a>
CLP005	<a href="#">Pre-Assessment Screening Survey</a>
CLP006	<a href="#">CDI-Universal</a>

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CLP	Clinical Practice
CLP007	<a href="#">CDI-Cal Works</a>
CLP008	<a href="#">CDI-Conrep</a>
CLP009	<a href="#">CDI-JJOP</a>
CLP010	<a href="#">CDI-Correction Invoice</a>
CLP011	<a href="#">Adult Clinical Assessment</a>
CLP012	<a href="#">Client Resource Evaluation</a>
CLP013	<a href="#">Adult Psychiatric Evaluation</a>
CLP014	<a href="#">Child/Adol Psychiatric Evaluation</a>
CLP015	<a href="#">Child/Adol Clinical Assessment</a>
CLP016	<a href="#">Physical Assessment</a>
CLP017	<a href="#">Client Recovery Evaluation (Annual)</a>
CLP018	<a href="#">Request to Waive Consumer's Responsibility to Pay for Medication</a>
CLP019	<a href="#">Care Necessity</a>
CLP020	<a href="#">Psychological Testing Referral</a>
CLP021	<a href="#">Healthy Homes Assessment</a>
CLP022	<a href="#">Diagnosis Form</a>
CLP024_E	<a href="#">Client Recovery Plan</a>
CLP024_S	<a href="#">Client Recovery Plan-Spanish</a>
CLP025	<a href="#">Discharge Summary</a>
CLP026	<a href="#">AIMS-Abnormal Involuntary Movement Scale</a>
CLP027	<a href="#">Interdisciplinary (ID) Notes</a>
CLP028	<a href="#">Service Team Actions</a>
CLP029_E	<a href="#">Care Giver Affidavit</a>
CLP029_S	<a href="#">Care Giver Affidavit-Spanish</a>
CLP030	<a href="#">Request for Verification of Veterans Status for Mental Health Services</a>
CLP031	<a href="#">Consent and Auth. to Exchange Confidential Info. Re: Veterans Status</a>
CLP035	<a href="#">Medication Support Services Client Plan</a>
COM	Compliance
COM001_E	<a href="#">Authorization for Release of Protected Health Information (PHI)</a>
COM001_S	<a href="#">Authorization for Release of Protected Health Information (PHI)-Spanish</a>
COM002	<a href="#">Sample Fax Cover Sheet</a>
COM003	<a href="#">Code of Conduct Acknowledgement</a>
COM004_E	<a href="#">DBH Notice of Privacy Practices and Acknowledgement Form</a>
COM004_S	<a href="#">DBH Notice of Privacy Practices and Acknowledgement form-Spanish</a>
COM005	<a href="#">Advance Directive Acknowledgement</a>
COM006	<a href="#">Certification Review Hearing-Waiver of Presence</a>
COM007	<a href="#">Sensitive Chart Form</a>
COM008	<a href="#">Treatment Authorization Request-Adult</a>
COM009	<a href="#">Treatment Authorization Request-Child</a>
COM010	<a href="#">Treatment Re-Authorization Request-Adult</a>
COM011	<a href="#">Treatment Re-Authorization Request-Child</a>
COM012	<a href="#">Index of Confidential Information Released</a>
COM013_E	<a href="#">Consent of Outpatient Treatment</a>
COM013_S	<a href="#">Consent of Outpatient Treatment-Spanish</a>

# DBH Forms

COM	Compliance
COM014_E	<a href="#">Medical Care Authorization for Minor</a>
COM014_S	<a href="#">Medical Care Authorization for Minor-Spanish</a>
COM015_E	<a href="#">Consent for Sound &amp; Photographic Recordings</a>
COM016_E	<a href="#">Consent To Record And/Or Photograph And Auth. For Use Or Disclosure Eng</a>
COM016_S	<a href="#">Consent To Record And/Or Photograph And Auth For Use Or Disclosure-Span</a>
COM018_E	<a href="#">Advance Directive Notice (Client)</a>
COM018_S	<a href="#">Advance Directive Notice (Client)-Spanish</a>
COM019	<a href="#">Delegation of TX Consent</a>
COM020	<a href="#">Conflict of Interest Disclosure</a>
COM021_E	<a href="#">Access to Medical Records Request</a>
COM021_S	<a href="#">Access to Medical Records Request - Spanish</a>
COM022_E	<a href="#">Response to Request to Access Medical Records</a>
COM022_S	<a href="#">Response to Request to Access Medical Records - Spanish</a>
COM023_E	<a href="#">Request to Amend Protected Health Information (PHI)</a>
COM023_S	<a href="#">Request to Amend Protected Health Information (PHI) - Spanish</a>
COM024_E	<a href="#">Response to Request to Amend Protected Health Information (PHI)</a>
COM024_S	<a href="#">Response to Request to Amend Protected Health Information (PHI) - Spanish</a>
COM025	<a href="#">Internal Tracking of Request to Access Medical Records</a>
COM026_E	<a href="#">Release of Info: Patient's Right of Access to His/Her Own Medical Record-English</a>
COM026_S	<a href="#">Release of Info: Patient's Right of Access to His/Her Own Medical Record - Spanish</a>
COM027	<a href="#">Oath of Confidentiality</a>
COM028_E	<a href="#">Advance Health Care Directive Brochure</a>
COM028_S	<a href="#">Advance Health Care Directive - (Spanish) Brochure</a>
CUL	Cultural Competency
CUL002	<a href="#">Translation Request</a>
CUL003	<a href="#">Outside Vendor Services Request Form</a>
CUL004	<a href="#">Outside Vendor Cost Report</a>
CUL005	<a href="#">Initial Contact Log</a>
CUL006	<a href="#">Interpretation Service Request</a>
CUL009	<a href="#">Contract Language Services Log</a>
HR	Human Resources
HR001	<a href="#">Position/Justification Form</a>
HR002	<a href="#">Waiver Request Cover Letter</a>
HR003	<a href="#">Pre-Lic MFT/MSW Stmt of Awareness of Need to Obtain Licensure for Continued Employment</a>
HR004	<a href="#">Overtime Authorization Form</a>
HR005	<a href="#">Unpaid Leave Due to No Proof of License or Registration</a>
HR006	<a href="#">Pre-Lic/Out-of-State Licensed Ready Psychologists Stmt of Awareness to obtain Licensure</a>
HR007	<a href="#">Dress and Grooming Acknowledgement Form</a>
HR008	<a href="#">DBH Intra Department Transfer (IDT) Form</a>
HR009	<a href="#">Borrowed Position Requisition</a>
HR010	<a href="#">Property Return Checklist</a>
HR011	<a href="#">Exit Interview Form</a>
HR012	<a href="#">Employee Information Checklist</a>

# DBH Forms

<b>HR</b>	<b>Human Resources</b>
HR013	<a href="#">DBH New Hire Welcome Letter</a>
HR014	<a href="#">Tuberculosis Screening Confirmation Form</a>
HR015	<a href="#">Volunteer Services Program Request Form</a>
<b>IT</b>	<b>Information Technology</b>
IT002	<a href="#">Information Technology Systems Development Service Request</a>
<b>MDS</b>	<b>Medical Services</b>
MDS001	<a href="#">Quarterly Physician's Cabinet Inspection</a>
MDS002_E	<a href="#">Medication Consent Form</a>
MDS002_S	<a href="#">Medication Consent Form-Spanish</a>
MDS003	<a href="#">Verbal/Telephone Consent for Administration of Psychotropic Medication Form</a>
MDS004	<a href="#">Letter to Parent-Legal guardian Juvenile Detention Template 1</a>
MDS005	<a href="#">Letter Requesting Psychotropic Medication Template 2</a>
MDS006	<a href="#">Alert Sheet for Allergies</a>
MDS007	<a href="#">Outpatient Medication Record</a>
MDS008	<a href="#">Medication Visit (ID Note)</a>
MDS009	<a href="#">Medication Only Cases Log</a>
MH12	<a href="#">Mental Health Professional Licensing Waiver Request</a>
<b>PR</b>	<b>Patients' Rights</b>
PR001	<a href="#">Patients' Rights Office Grievance Appeal Form</a>
<b>QM</b>	<b>Quality Management</b>
QM001	<a href="#">Chart Audit Tool</a>
QM045	<a href="#">Mode of Service/Procedure Code Change Form</a>
QM046	<a href="#">State Pre-Audit Chart Review Audit Tool</a>
QM047_E	<a href="#">Change of Provider Request Form</a>
QM047_S	<a href="#">Change of Provider Request Form</a>
QM048_E	<a href="#">Request for Second Opinion</a>
QM048_S	<a href="#">Request for Second Opinion</a>
QM049	<a href="#">Mental Health and Alcohol and Drug Services Agency Evaluation</a>
QM050_E	<a href="#">Grievance Form</a>
QM050_S	<a href="#">Grievance Form</a>
QM051_E	<a href="#">Appeal Form</a>
QM051_S	<a href="#">Appeal Form</a>
QM052	<a href="#">Quality Assurance Review of Unexpected Deaths</a>
QM053	<a href="#">Unusual Occurrence/Incident Report</a>
QM054	<a href="#">Clinic Supervisor Chart Audits</a>
QM055	<a href="#">Program Manager Chart Audit</a>
QM056	<a href="#">Quality Assurance Audit At Annual Point</a>
QM057	<a href="#">Medication Monitoring Questionnaire</a>
QM058_E	<a href="#">NOA-A</a>
QM058_S	<a href="#">NOA-A</a>
QM059_E	<a href="#">NOA-B</a>
QM059_S	<a href="#">NOA-B</a>
QM060_E	<a href="#">NOA-C</a>
QM060_S	<a href="#">NOA-C</a>

## DBH Forms

QM	Quality Management
QM061_E	<a href="#">NOA-D</a>
QM061_S	<a href="#">NOA-D</a>
QM062_E	<a href="#">NOA-E</a>
QM062_S	<a href="#">NOA-E</a>
QM063	<a href="#">MHS 902 Clinic Log</a>
QM064	<a href="#">Research Information Letter &amp; Application Forms</a>
QM065	<a href="#">Research Table of Contents</a>
QM066	<a href="#">Research Application Face Sheet</a>
QM067	<a href="#">Research Agreement</a>
QM068	<a href="#">Research Resources, Risks, and Support Form</a>
QM069	<a href="#">Research Informed Consent</a>
QM070	<a href="#">Research HIPAA Compliance Assurance</a>
QM071	<a href="#">Research Application Checklist</a>
QM072	<a href="#">Research Review and Approval Tracking Form</a>
QM073	<a href="#">Reporting Unit Set -Up Form (Cert)</a>

  

SFT	Safety
SFT005	<a href="#">Kiln Safeguards</a>
SFT006	<a href="#">Kiln Checklist</a>
SFT039	<a href="#">Safety Report Concern - Contact Sheet</a>
SFT047	<a href="#">Investigation of Workplace Incidents, Occupational Injury/Illnesses &amp; Hazardous Exposure</a>
SFT050	<a href="#">Bomb Threat Checklist</a>
SFT051	<a href="#">LSC Posting</a>
SFT052	<a href="#">HIPAA Baseline Privacy &amp; Security Walk-through Audit</a>
SFT053	<a href="#">Emergency Action Plan (EAP)</a>
SFT054	<a href="#">Medical Waster Program</a>
SFT055	<a href="#">Hazard Communication Program</a>
SFT056	<a href="#">Fire Drill Reports Guide</a>

  

TRA	Training
TRA001	<a href="#">Training Coordination Request</a>
TRA002	<a href="#">LEPP Agreement Form</a>