

**LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
POLICY STATUS CHANGE FORM**

To: Compliance, Privacy, and Audit Services **Date:** _____

From: _____
Name Title

Subject: DMH Policy #: _____

DMH Policy Title:

CHANGE ACTION:

- ☐ Deleted
- ☐ Temporarily Suspended
- ☐ Administrative/Clinical Classification
- ☐ Policy Manager Transfer from _____ to _____

REASON FOR CHANGE: *(Check all that apply)*

- ☐ No longer required due to changes in best practices.
- ☐ Changes in regulation, statute, or program parameters render policy unnecessary.
- ☐ Policy/Procedure concepts consolidated in DMH Policy #: _____
- ☐ Other *(Explain)*:

APPROVAL:

Director/Designee: _____
Signature Date

To Be Completed by Compliance, Privacy, and Audit Services

Policy Status Change Form Received By: _____
Print Name Date