MH 706 05/24/12

CLIENT INSTRUCTIONS

| Date: | |
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| Name of Person Giving Instructions: | Phone Number: |
| Program Name: | |
| Based on our discussion regarding your treatment today, the information below documents recommendations for your follow-up: | |
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| Signature & Discipline Date This confidential information is provided to you in accord with State an | Co-signature & Discipline (if required) Date |
| Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited withou t prior written | Name: IS#: |
| authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled. | Agency: Provider #: Los Angeles County – Department of Mental Health |