MH 701
REVISED 7/31/26

Los Angeles County Department of Mental Health
Consent for Staff/Volunteer/Intern Observation

Consent & Authorization

The undersigned client* or responsible adult** consents to and authorizes staff, volunteers, and/or interns of the facility/program named above to observe mental health sessions for the purposes of education, training, and/or quality of service.

The undersigned understands and acknowledges the following:

1. I have the right to refuse to allow other staff, volunteers, or interns to observe sessions at any time.
2. Signing this form has no impact on the provision or quality of my mental health services.
3. Observations will be conducted solely for education, training, and/or quality assurance purposes.
4. This consent is completely voluntary.
5. This consent remains valid unless I (or my legal representative**) withdraw consent in writing or until I am discharged from services.
6. Observations may take place from behind a one-way mirror/window or inside the room with me and my mental health provider.

Acknowledgements and Signatures

Signature of Client*:	Name of Client:	Date:
Signature of Responsible Adult**:	Relationship to Client:	Date:
Signature of Witness / Interpreter***:	Language Interpreted:	Date:

Language Interpretation & Copy Documentation:

* This Consent was interpreted in _____ for the client and/or responsible adult. (Note: If a translated version of this Consent was signed, attach the translated copy to this English version.)

* **Signator Copy Status:**

Name: _____ **ID#:** _____

Agency: _____ **Provider #:** _____

Los Angeles County – Department of Mental Health

☐ Signator WAS given a copy of this Consent

☐ Signator DECLINED a copy of this Consent

Date Given/Declined: _____ Staff Initials: _____

Staff Exception & Withdrawal Documentation
(To be completed by Staff ONLY when client/responsible adult does not sign or withdraw consent)

☐ Client is willing to accept services, but is unwilling to sign this Consent form.

☐ Client does not wish to be observed.

☐ Client/Responsible Adult previously provided Consent, but wishes to WITHDRAW consent effective as of: _____ (Date).

Signature of Staff:	Date:

* Minor Client: A minor client receiving services under his/her own signature must have the signed Consent of Minor form on file in the clinical record.
** Responsible Adult: Guardian, Conservator, or Parent of minor when required by law.
*** Witness/Interpreter: Person who witnessed the signing of the form (staff or other) OR interpreted this form into another language for the client.

Name: _____ **ID#:** _____

Agency: _____ **Provider #:** _____

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