COUNTY OF LOS ANGELES

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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

Date: _____

TO: _____
District Chief of Existing SFPR

FROM: (Name) _____

(Agency) _____

(Telephone) _____

SUBJECT: TRANSFER OF SINGLE FIXED POINT OF RESPONSIBILITY (SFPR)

Attached is a Transfer of SFPR form. Per DMH Policy 202.31 "Single Fixed Point of Responsibility", the involved agencies have agreed to the transfer of SFPR responsibilities. However, following the two requests noted below, the process has not been completed. Therefore, I am requesting your assistance. Below I have listed the Provider and names of the staff to whom I have made the requests. The following actions are needed:

[ ] Delete the SFPR on the IS Client ID screen

[ ] Forward these documents: _____

Holder of Existing SFPR_____
Provider Name

Requested of _____ on _____
Name Date

Requested of _____ on _____
Name Date

Attachment: Transfer of SFPR, MH-530

c: District Chief, Requesting Provider
Clinic Manager, Existing Provider