

CONSULTATION & CLIENT-SPECIFIC FURNISHING PROTOCOL

For use by Psychiatric Mental Health Nurse Practitioners

Date: _____ Rendering Provider Face-to-Face/Other Time* (Hrs:Mins/Hrs:Mins): o:o/
 Procedure Code: H2010 (Medication Consultation) Other Staff Initials: _____ Total Time* (Hrs/Mins): _____
 * All travel and documentation time must be recorded as "Other" by the Rendering Provider or "Total Time" by other staff.

Indications for Protocol:
 A. Schedule II Drug
 B. Schedule III Drug
 C. Regimen is Outside DMH Medication Parameters

Patient-Specific Furnishing Protocol:

Name	Dosage	Frequency	Route of Administration	Amount	# of Refills

Manner in which the Patient-Specific Furnishing Protocol differs from standardized procedure:

Rationale for the regimen which differs from the standardized procedures:

Duration of the Patient-Specific Furnishing Protocol:

_____ Signature & Discipline of PMHNP _____ Date _____ Signature & Discipline of Furnishing Supervisor (Required) _____ Date _____

<p>This confidential information is provided to you in accord with State and 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 without prior written 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.</p>	<p>Name: _____ IS#: _____ Agency: _____ Provider #: _____ Los Angeles County – Department of Mental Health</p>
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