MH 701
Revised 12/5/11

CONSENT FOR STAFF/VOLUNTEER/INTERN OBSERVATION

The undersigned client* or responsible adult** consents to and authorizes staff and/or interns of:

_____
Name of Facility and/or Program

to observe mental health sessions for purposes of education, training and/or quality of service.

The undersigned understands:

1. He/she has a right to refuse to allow other staff to observe sessions at any time.
2. The signing of this form has no impact on the provision of services.
3. The observation will only be by staff, volunteers and/or interns for purposes of education, training and/or quality of service.
4. This consent is voluntary.
5. This consent remains valid unless the client* or legal representative** withdraws his/her consent or the client is discharged from services.
6. The observation may be done from behind a one-way mirror/window or within the room with him/her and his/her mental health provider.

_____ _____
Signature of Client* Date

_____ _____ _____
Signature of Responsible Adult** Relationship to Client Date

_____ _____
Signature of Witness/Interpreter *** Date

This Consent was interpreted in _____ for the client and/or responsible adult.
If a translated version of this Consent was signed by the client and/or responsible adult, the translated version must be attached to the English version.

Signator ☐ was given ☐ declined a copy of this Consent on _____ by _____.
Date Initials

This section must be completed by Staff when there is no signature by the client and/or responsible adult or if consent is withdrawn.

☐ Client is willing to accept services, but unwilling to sign this Consent.
☐ Client does not wish to be observed.
☐ Client had previously provided Consent but now wishes to withdraw Consent as of _____ (date)

_____ _____
Signature of Staff Date

* 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.
*** Witness/Interpreter = Person who either witnessed the signing of the form (may be staff or other person) or the person who interpreted this form into another language for the client (must include the language it was interpreted into).

Name: **IS#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

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