MH 706
05/24/12

CLIENT INSTRUCTIONS

Date: _____

Name of Person Giving Instructions: _____ **Phone Number:** _____

Program Name: _____ **Phone Number:** _____

Based on our discussion regarding your treatment today, the information below documents recommendations for your follow-up:

Signature & Discipline	Date	Co-signature & Discipline (if required)	Date

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.

Name: _____ **IS#:** _____

Agency: _____ **Provider #:** _____

Los Angeles County – Department of Mental Health

Original-To Client
Copy-In Chart

CLIENT INSTRUCTIONS