COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
ATTESTATION FOR LPS AUTHORIZED APPLICANTS

Certificate of Applicant:
I attest that all statements made in this application are true and correct. I acknowledge that any false or incomplete statement given here or an omission of material fact will result in my disqualification. I further acknowledge that I have reviewed the LACDMH "LPS Designation Guidelines and Process for Facilities within Los Angeles County," Seventh Edition (revised February 2016), and that I have read and understood this document, and will uphold all applicable legal, ethical, regulatory and reporting principles contained therein and in the standards of my professional license(s). Further, I will uphold basic ethical standards essential to the fulfillment of my responsibilities carried out in the application of my authority for involuntary detention, including but not limited to the following:

- Avoidance of circumstances where work based action may affect or appear to affect private financial interest or personal gain, financial or non-financial.
- Avoidance of any participation in a personal arrangement or business transaction which would generate potential or perceived conflict of interest or compromise my ability to provide treatment fairly and objectively.
- Avoidance of any circumstances that would hinder my ability to provide or refer to service that is of highest quality and effectiveness.
- Recognition and avoidance of any personal situation, habits or behaviors that might impair ability to provide competent care.
- Respect and protection of client confidential information, in accordance with applicable legal and regulatory standards.
- Performance of all duties in a manner that demonstrates an understanding of each client's personal dignity.
- Demonstration of highest standards of personal integrity in all work related activities carried out in the application of my authority for involuntary detention.

I acknowledge that, if I am given authority for involuntary detention, my failure to comply with the above principles and all laws, policies, by-laws or regulations related to involuntary detention, or with those portions of the LACDMH "LPS Designation Guidelines and Process for Facilities within Los Angeles County," Seventh Edition (revised February 2016) related to individuals (including any revisions thereafter adopted), will result in withdrawal of my involuntary detention authority. I acknowledge that involuntary detention authority may also be withdrawn without cause at any time by the LACDMH Director.

Signature of Applicant | **Print Name** | **Date**

Credential, License No. | **Expiration Date**

Designated Facility or Directly Operated Program or Contract Site Approved to Initiate LPS Involuntary Holds

Address | **City** | **State** | **Zip Code**

Work Telephone | **Email Address**

Professional Clinically in Charge of Designated Facility or Approved Site (Print Name) | **Signature**