

MHLA-Behavioral Health Expansion Prevention Services and/or Activities

I. Contact/Service Information

Date of Service: _____ Funding Plan: MHSA-PEI

Rendering Provider Name(s): _____

Time (Min): _____

Procedure Code: H2014

Service Modality: Individual or Group

Face-to-Face or Telephonic:

(Circle one)

(Circle one)

Participant Name: _____ Participant ID (PID): _____

[If this is a Group: Name of the group (if applicable), for example, Stress Management Group]

SERVICE RECIPIENT

Select the individual(s) receiving services. *(For this Project, the MHLA box should always be checked.)*

MHLA

PREVENTION PRACTICE: General category staff is working under or to which client is served

Psychological First Aid/Skills for
Psychological Recovery

Prevention - Prolonged Engagement*

Other _____

*Name of the curriculum, or course title provided under Prolonged Engagement:

II. Notes/Future Plans & Recommendations

Staff Signature**

Date

Co-Signature**

Date

**Must include Discipline/Title and License/Certification/Registration Number (if applicable)

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.

Agency Name:

Los Angeles County – Department of Mental Health