

DAY TREATMENT INTENSIVE DAILY NOTE

Date of Service: _____ Procedure Code: _____ Total hours/minutes in attendance*: _____

*Unavoidable Absence Entry - If this day is claimed and client was not present all scheduled hours but was present at least 50% of scheduled hours, specify reason for absence:

Summary of Activities (*Note all in which client participated*):

Interventions (*Must relate back to the client's treatment plan*):

Client Participation and Response (*Include specific observed behaviors*):

Staff Signature*

Date

Co-Signature*/Co-Practitioner*

Date

*Must include Degree/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.

Name:

ID#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health

DTI DAILY NOTE