

The following Clinical Forms have been created, updated or discontinued and the [Clinical Forms Inventory](#) has been updated accordingly. If you have any questions regarding this Bulletin, please contact your QA Liaison.

UPDATED FORM(S):

Los Angeles County Health Agency Notice of Privacy Practices (English and Spanish)

IBHIS Form (DO ONLY):	N/A
Revision Date:	05/30/17
Type of Form (LE ONLY):	Ownership
Implementation:	05/30/17 for DO's

PURPOSE:

This notice describes how medical information about clients may be used and disclosed. Additionally, this informs clients how they can get access to this information. This notice should be provided to all clients.

KEY REVISIONS:

- Updated to include County of Los Angeles and Los Angeles County Health Agency logos.
- Added statement that the Notice of Privacy Practices is for the Health Agency, not only LACDMH
- Added the following categories which describes how a client's health information may be used or disclosed:
 - Business Associates
 - Health Information Exchange (HIE)
 - Hospital Directory
 - Judicial and Administrative Proceedings
 - Organ and Tissue Donation
 - Military Personnel
 - Breach Notification
 - Special Rules for Disclosure of Psychiatric, Substance Abuse, and HIV-Related Information
 - Fundraising

MH 601E – Acknowledgement of Receipt (English) MH 601S – Acknowledgement of Receipt (Spanish)

IBHIS Form (DO ONLY):	Client Consents/Acknowledgements*
	*This form is used to document that a signed paper copy of the Acknowledgement of Receipt was scanned into IBHIS.
Revision Date:	05/30/17
Type of Form (LE ONLY):	Ownership
Implementation:	05/30/17 for DO's

PURPOSE:

For clients to acknowledge receiving the Notice of Privacy Practices of the Los Angeles County Departments of Health Services, Mental Health, and Public Health, collectively referred to as the Health Agency. The Notice of Privacy Practices informs clients about how their protected health information is used and disclosed.

KEY REVISIONS:

- Updated to include County of Los Angeles and Los Angeles County Health Agency logos.
- Added statement that the Notice of Privacy Practices is for the Health Agency, not only LACDMH
- Removed the following statements: "Our Notice of Privacy Practices is subject to change. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website at (former DMH website) or on request from our Treatment Team."
- Refer to attached "[Instructions for Health Agency Notice of Privacy Practices](#)"

NEW FORM(S):**MH 728 Health Information Exchange (HIE) – Change of Sharing Status**

IBHIS Form (DO ONLY):	N/A
Revision Date:	06/04/18
Type of Form (LE ONLY):	Ownership
Implementation:	06/04/18

PURPOSE:

For clients to change their status regarding sharing of Health Information Exchange (HIE); either from allowing their participation in an HIE to not allowing it, or from not allowing their participation in an HIE to allowing it.

REFERENCES/INSTRUCTIONS:

- Client health information is included in the Health Information Exchange (HIE). If clients want to “opt-out” of HIE participation or would like to “opt-in” after previously deciding to opt out, the change of sharing status form should be used
- Refer to the updated Los Angeles County Health Agency Notice of Privacy Practices for more information

MH 730 Medication Consent and Treatment Plan Form

IBHIS Form (DO ONLY):	Medication Consent and Treatment Plan
Revision Date:	01/16/18
Type of Form (LE ONLY):	N/A
Implementation:	N/A

PURPOSE:

This form was created to capture all of the required elements for both a medication specific informed consent and annual client treatment plan on a single form as stated in the Organizational Provider’s Manual.

REFERENCES/INSTRUCTIONS:

- For Directly Operated Providers prescribing psychotropic medications and using IBHIS, this form replaces the Outpatient Medication Review for capturing a client’s medication specific informed consent and the DMH Client Treatment Plan for capturing Medication Support Service interventions.
- For Directly Operated Providers in IBHIS, practitioners who have clients that are receiving Mental Health and Targeted Case Management services in addition to Medication Support Services must continue to capture those interventions using the DMH Client Treatment Plan.

OBSOLETE FORMS(S): None at this time

The Clinical Forms Bulletin is utilized to announce changes to clinical forms and data elements that are needed to capture clinical documentation within the Los Angeles County Department of Mental Health (LACDMH). The Bulletin will identify any new, updated or obsolete clinical forms. The term “clinical forms” is used to describe either a paper clinical document within a paper Clinical Record OR a set of data elements within an electronic Clinical Record. All “clinical forms” must be available upon chart review/audit.

NOTE: This Bulletin does not address requirements for electronic billing and/or reporting. Contractors should refer to the 837 Companion Guide or WebServices Guide for a complete listing of electronic data transfer requirements.

1. All Directly-Operated Providers must utilize clinical forms approved by the QA Division. The Integrated Behavioral Health Information System (IBHIS) has incorporated clinical forms, when appropriate, and has been updated to reflect the changes noted on this Bulletin.
2. All Contract Providers must utilize clinical forms in a manner defined by the designation of the clinical form within the Clinical Forms Inventory.
 - a. Required Data Element: Must maintain all required data elements of the form and have a method for producing a paper form or electronic report with all the required data elements
 - b. Required Concept: Must have a method of capturing the specific category of information indicated by the title and data elements of the form
 - c. Ownership: Must have a method for complying with all laws/regulations encompassed by the form

DMH Policy 401.02: Clinical Records Maintenance, Organization, and Content

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