

## **Assurance of Confidentiality Statement**

This is to assure you as a consumer receiving mental health services through the Los Angeles County Department of Mental Health that the consumer perception survey that you are about to complete is confidential. Your therapist will not see this and your responses will in no way affect your right to services. Because the Department will use the results to improve the quality of services, we are interested in your honest opinions, whether they are positive and/or negative. Thank you for your cooperation and help in improving our services to you.

If you have any issues or concerns that are serious and sensitive, please discuss/report these concerns immediately to the program manager who will assist you!

## 保密声明

作为洛杉矶县心理健康服务的消费者，您即将填写的这份消费者体验问卷是完全保密的。你的心理治疗师不会看到这问卷。你的反馈也绝不会影响到你的权益。调查结果只是用于提高我们的服务质量。无论你的反馈是建议性的或批评性的，我们都欢迎你的真实想法。感谢你的参与从而帮助我们提高服务水平。

**如果您有任何急切或敏感的问题，请立即联系我们的部门经理进行讨论，他们会为您提供协助。**