

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
NOTICE OF AS-NEEDED PSYCHIATRY SERVICES MASTER AGREEMENT REFERRAL

To: Los Angeles County - Department of Mental Health
 Clinical Operations - Recruitment Coordinator
 510 S. Vermont Avenue, 22nd floor
 Los Angeles, CA 90020

Date: _____

From:	Contractor Name			
	Contractor Contract Person			
	Psychiatrist Name			
	Proposed Work Location Name			
	Work Location Address			
	Proposed Date of Assignment Coverage	Start Date		End Date
	Proposed Hours per week			
	Proposed Weekly schedule			
	Proposed Hourly Rate			

CONTRACTOR

Contractor certifies that the Independent Contractor/Psychiatrist meets the professional qualifications and requirements in the As-Needed Psychiatry Services Master Agreement (the "Agreement").

Authorized Representative Name _____

Authorized Representative Signature _____ Date _____

COUNTY OF LOS ANGELES

DMH Office of the Chief Medical Director clears the independent Contractor/Psychiatrist to render services under the Agreement as follows:

Work Location Name _____

Work Location Address _____

Anticipated date of Assignment _____

Hours to be Worked Weekly _____

Weekly Work Schedule _____

Approved Hourly Rate _____

Associate Medical Director Name _____

Associate Medical Director Signature _____ Date _____

This Form and the assignment of the Independent Contractor/Psychiatrist are subject to the terms and conditions of the Agreement, which are incorporated by this reference herein. Contractor shall be reimbursed only for hours actually worked by the independent Contractor/Psychiatrist.