

NO. 25-01 CLINICAL FORMS BULLETIN 9/5/25

The following clinical forms have been created, updated, or discontinued, and the [Clinical Forms Inventory](#) has been updated to reflect the changes. If you have questions regarding this Bulletin, please email QAPolicy@dmh.lacounty.gov.

NEW FORMS

| | |
|---|---|
| <p>MH 760 – Adult Transition of Care Rubric (ages 21+)</p> <p>IBHIS Form (DO ONLY): Transition of Care Tool Location Online: Adult Transition of Care Rubric (ages 21+)</p> <p>Creation Date: 12/20/24 Type of Form (LE ONLY): N/A Implementation: Currently in use</p> | <p>PURPOSE: This optional form is used to assist in determining if an existing client is ready to transition to their Managed Care Plan (MCP) for Non-Specialty Mental Health Services (Non-SMHS).</p> <p>REFERENCES/INSTRUCTIONS:</p> <ul style="list-style-type: none"> For a training on transitioning clients to MCPs please use the following link: Transition of Care Training for LACDMH Providers Please use the following link for instructions on using MH 760: Adult Transition of Care Rubric Instructions |
| <p>MH 761 - Notice to Psychotherapy Clients for Registered Practitioners with BBS</p> <p>IBHIS Form (DO ONLY): Not available Location Online: Client Notices and Disclosures</p> <p>Creation Date: 1/1/25 Type of Form (LE ONLY): Ownership Implementation: 7/1/25</p> | <p>PURPOSE: This form was created to align with the Board of Behavioral Sciences (BBS) requirements and is specific to Registered Practitioners with the BBS, as outlined in QA Bulletin 25-01R Notice to Clients</p> <p>REFERENCES/INSTRUCTIONS: This form must be used for <u>new</u> psychotherapy clients of BBS governed registered practitioners on or after July 1, 2025. This form has been translated into threshold languages.</p> |
| <p>MH 755 – NOABD Notice of Grievance Resolution</p> <p>IBHIS Form (DO ONLY): Notice of Adverse Benefit Determination (NOABD) Location Online: Notice of Adverse Benefit Determination (NOABD)</p> <p>Revision Date: March 2025 Type of Form (LE ONLY): Required Data Element Implementation: 4/4/25</p> | <p>PURPOSE: This form was created per BHIN 25-014 requirements which state that MHP will notify members of the results of a grievance resolution.</p> <p>REFERENCES/INSTRUCTIONS: The MHP shall use the Notice of Grievance Resolution template to notify members of the results of the grievance resolution. It shall include a clear and concise explanation of DMH’s decision.</p> |

NO. 25-01 CLINICAL FORMS BULLETIN 9/5/25

UPDATED FORMS

| | |
|---|--|
| <p>MH 500 – Consent for Services</p> <p>IBHIS Form (DO ONLY): Client Consents/Acknowledgments V2.0 Location Online: Consent/Authorization</p> <p>Revision Date: 7/1/24 Type of Form (LE ONLY): Ownership Implementation: 7/1/24</p> | <p>REVISIONS:</p> <ul style="list-style-type: none"> • Updates the Consent for Services form per California Assembly Bill (AB) No. 665 regarding Minor Consent as well as 42 CFR §438.236 regarding clinical practice guidelines. • Added field to indicate the minor signed without parental/guardian consent and to verify the minor is eligible to sign. • Added a field to indicate that the minor was consulted regarding parent(s)/guardian(s) involvement. • Clinical practice guidelines and language guidelines were updated from the 7/7/22 version clarifying how client’s can access these guidelines. <p>REFERENCES/INSTRUCTIONS: This form is to be used for <u>new</u> clients or clients up for renewal, as of 7/1/24. This form has been translated into threshold languages.</p> |
| <p>MH 602 – Authorization for Use or Disclosure of Protected Health Information</p> <p>IBHIS Form (DO ONLY): Authorization for PHI Disclosure Location Online: Consent/Authorization</p> <p>Revision Date: 7/1/24 Type of Form (LE ONLY): Ownership Implementation: 7/1/24</p> | <p>REVISIONS:</p> <p>To comply with AB 352, MH 602: Authorization for Use or Disclosure of PHI form has been updated as follows:</p> <ul style="list-style-type: none"> • Added an option to explicitly authorize PHI release related to abortion and/or reproductive healthcare • Clarified discrepancies of California and federal laws relating to re-disclosure • Added authorization will expire automatically after 1 year unless otherwise indicated • Added option of the 'event' occurrence that triggers expiration in lieu of the one-year expiration date Note: An expiration event is an occurrence relating to the client, for whom the clinical information pertains, after which the provider is no longer authorized to disclose the clinical information. Examples of events include: "end of the research study" and "end of legal representation". <p>REFERENCES/INSTRUCTIONS: This form is to be used by DO providers for any new requests to disclose PHI on or after July 1, 2024.</p> |
| <p>MH 603 – Client’s Request for Access/Inspection To Health Information</p> <p>IBHIS Form (DO ONLY): N/A Location Online: Consent/Authorization</p> <p>Revision Date: 3/1/25 Type of Form (LE ONLY): Ownership Implementation: N/A</p> | <p>REVISIONS:</p> <ul style="list-style-type: none"> • Updated letterhead and addresses • Added fields to select the following: <ul style="list-style-type: none"> ○ Client preferences for delivery/accessing and inspecting their health information ○ Specific health information to be accessed ○ Option to specify program of services • Updated email addresses <p>REFERENCES/INSTRUCTIONS: This form is to be used for clients requesting their own clinical records.</p> |

NO. 25-01 CLINICAL FORMS BULLETIN 9/5/25

| | |
|---|---|
| <p>MH 604 – Letter Responding to Client’s Request for Access To Health Information</p> <p>IBHIS Form (DO ONLY): N/A Location Online: Consent/Authorization</p> <p>Revision Date: 3/1/25 Type of Form (LE ONLY): Ownership Implementation: 5/1/25</p> | <p>REVISIONS:</p> <ul style="list-style-type: none"> Updated letterhead Contact information was updated Added options for how a client wishes to receive information Footer was updated <p>REFERENCES/INSTRUCTIONS: This form is to be used to respond to clients when clients request access to health information.</p> |
| <p>MH 605 – Client’s Request for Review of Denial of Access</p> <p>IBHIS Form (DO ONLY): N/A Location Online: Consent/Authorization</p> <p>Revision Date: 3/1/25 Type of Form (LE ONLY): Ownership Implementation: 7/1/25</p> | <p>REVISIONS:</p> <ul style="list-style-type: none"> Updated letterhead Contact information was updated Footer was updated <p>REFERENCES/INSTRUCTIONS: This form is to be used by the client to request review when the access to health information was denied.</p> |
| <p>MH 606 – Letter Responding to Client’s Request for Review of Denial of Access</p> <p>IBHIS Form (DO ONLY): N/A Location Online: Consent/Authorization</p> <p>Revision Date: 2/1/25 Type of Form (LE ONLY): Ownership Implementation: 7/1/25</p> | <p>REVISIONS:</p> <ul style="list-style-type: none"> Updated letterhead Contact information was updated Footer was updated <p>REFERENCES/INSTRUCTIONS: This form is to be used to respond to clients when the client’s request to access to health information was denied and the client has requested a review.</p> |
| <p>MH 720 – Universal Assessment (Previously Immediate/Same Day Assessment)</p> <p>IBHIS Form (DO ONLY): Universal Assessment (Immediate/Same Day Assessment) Location Online: Assessment/Diagnosis</p> <p>Revision Date: 3/1/25 Type of Form (LE ONLY): Ownership Implementation: For DO – 7/31/25, for LE 3/1/25</p> | <p>REVISIONS:</p> <ul style="list-style-type: none"> Changed the name to Universal Assessment Added new fields for ages 0-5 years old in the “Relevant Medical Conditions” and “Mental Status Exam” Sections Updated the substance use/abuse section to add questions that can be selected Added more questions (most are single select radio buttons) Added Child/Adolescent Screening Questions, including a question about vaping Added fentanyl & prescription opioids to questions Added fields for Clinical Impairments Added multiselect checkboxes for Social, Vocational & Educational impairments Added a text box to explain the impairment(s) Added a Care Plan at the end. <p>REFERENCES/INSTRUCTIONS: This form replaces the Immediate/Same Day Assessment.</p> |

NO. 25-01 CLINICAL FORMS BULLETIN 9/5/25

| | |
|---|---|
| <p>MH 734 - Transcranial Magnetic Stimulation (TMS) Referral Form for Specialty Mental Health Clients</p> <p>IBHIS Form (DO ONLY): N/A Location Online: Clinical Forms-Referrals</p> <p>Revision Date: 6/02/2025 Type of Form (LE ONLY): N/A Implementation: 6/02/2025</p> | <p>REVISIONS: This form was updated with the following fields</p> <ul style="list-style-type: none"> Changed name to Transcranial Magnetic Stimulation (TMS) Referral Form for Specialty Mental Health Clients Added Medi-Cal # Removed current mental health service options in the referral information section Added Referring Psychiatrist Name and email contact Added Psychiatrist Email and/or Phone Added Reason for Referral with 3 options with ability to describe the reason for referral Added a text box for mental health diagnosis Added a text box for additional referral information and removed check boxes Added a Check box for most recent initial medication evaluation and medication progress note attached <p>REFERENCES/INSTRUCTIONS: The form can be used by both DO and LE providers when referring a specialty mental health services member for TMS services. Reference QA Bulletin No. 25-05.</p> |
| <p>MH 735 – Child and Adolescent Needs and Strengths (CANS-IP)</p> <p>IBHIS Form (DO ONLY): Child Adolescent Needs Strengths Integrated Practice (CANS-IP) Location online: Quality Assurance – Clinical Forms</p> <p>Revision Date: 8/8/24 Type of Form (LE ONLY): Ownership Implementation: 8/8/24</p> | <p>REVISIONS:</p> <ul style="list-style-type: none"> Changed the wording of the Potentially Traumatic/Adverse Childhood Experience domain to match the CDSS version. <p>REFERENCES/INSTRUCTIONS: Refer to Clinical Forms Bulletin No. 19-03.</p> |

NO. 25-01 CLINICAL FORMS BULLETIN 9/5/25

| | |
|---|--|
| <p>MH 740 - Notice to Psychotherapy Clients for Licensed Practitioners with BBS</p> <p>IBHIS Form (DO ONLY): Psychotherapy Client Notice (to attest the MH740 was given to the client) Location Online: Client Notices and Disclosures</p> <p>Revision Date: 1/1/25 Type of Form (LE ONLY): Ownership Implementation: 7/1/25</p> | <p>REVISIONS: This form was revised to be specific for licensed practitioners and was updated per BBS requirements per AB 630 and SB 1024. Reference QA Bulletin No. 25-01R.</p> <p>REFERENCES/INSTRUCTIONS: This form must be used for <u>new</u> psychotherapy clients of BBS governed licensed practitioners on or after July 1, 2025. This form has been translated into threshold languages.</p> |
| <p>MH 741 – Notice to Psychotherapy Clients for Unlicensed/Unregistered Practitioners</p> <p>IBHIS Form (DO ONLY): Psychotherapy Client Notice (to attest the MH741 was given to the client) Location Online: Client Notices and Disclosures</p> <p>Revision Date: 1/1/25 Type of Form (LE ONLY): Ownership Implementation: 7/1/25</p> | <p>REVISIONS: This form was updated to align with the BBS requirements per AB 630 and SB1024. Reference QA Bulletin No. 25-01R.</p> <p>REFERENCES/INSTRUCTIONS: This form must be used for Unlicensed and Unregistered Practitioners (Student Practitioners) governed by the BBS on or after July 1, 2025. This form has been translated into threshold languages.</p> |

Obsolete Forms: None

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 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 Unit. 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 forms 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

C: DMH Executive Management
 DMH CIOB
 LE Executive Management

DMH Clinical Operations Managers
 DMH Administrative Managers
 LE QA Contacts

DMH Quality, Outcomes and Training Division
 DMH QA Liaisons