

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 762 – Consent for Infra Low Feedback (ILF) Neurofeedback Treatment</p> <p>IBHIS Form (DO ONLY): N/A Location Online: Consent/Authorization</p> <p>Creation Date: 10/20/2025 Type of Form (LE ONLY): Ownership Implementation: 10/20/2025</p>	<p>PURPOSE: The purpose of this form is to provide clients with information about ILF neurofeedback, including its potential benefits, risks, and side effects.</p> <p>REFERENCES/INSTRUCTIONS:</p> <ul style="list-style-type: none"> • This form is used by DO providers to obtain consent for any member receiving Infra Low Feedback (ILF) Neurofeedback Treatment.
<p>MH 763 - Consent for SERG Services</p> <p>IBHIS Form (DO ONLY): N/A Location Online: N/A</p> <p>Creation Date: 12/23/2025 Type of Form (LE ONLY): N/A Implementation: 12/23/2025</p>	<p>PURPOSE: The purpose of this form is to inform clients about the SAMHSA Emergency Response Grant Program and to obtain client consent to receive mental health services by LACDMH through the SERG funded program.</p> <p>REFERENCES/INSTRUCTIONS:</p> <ul style="list-style-type: none"> • This form is to be used by DO pilot providers providing mental health services to LACDMH clients through a SERG funded program.
<p>MH 764 - Care Plan</p> <p>IBHIS Form (DO ONLY): Online Only Location Online: Care Plan</p> <p>Creation Date: 7/1/2025 Type of Form (LE ONLY): Required Data Element Implementation: 7/1/2025</p>	<p>PURPOSE: This form replaces the MH 636 Client Treatment Plan. It is an optional form to capture the client’s goals and planned interventions.</p> <p>REFERENCES/INSTRUCTIONS:</p> <ul style="list-style-type: none"> • There are general Goals that can be selected in the “Goal(s) Focus of Treatment” section. If there is a goal that is not listed, then there is an “Other” option. When “Other” is chosen, the Goal needs to be written in the “Goal details” text box. The “Goal details” text box can also be used to write more specific goals. • There are general Planned Interventions listed that can be selected. If an intervention is not listed, then the “Other” option can be selected, and the intervention needs to be written in the “Intervention details” text box. The Intervention details text box can also be used to write more specific Interventions. • There is a field to mark whether the client and/or family was involved in the development of the plan.

<p>MH 765 - Informed Consent to Use Bells AI</p> <p>IBHIS Form (DO ONLY): N/A Location Online: N/A</p> <p>Creation Date: 1/22/2026 Type of Form (LE ONLY): N/A Implementation: 1/22/2026</p>	<p>PURPOSE: The purpose of this form is to inform clients of how AI Scribe is used, how data obtained using AI Scribe is used, and the potential risks associated with its use, and to obtain consent for the use of the software tool by the client.</p> <p>REFERENCES/INSTRUCTIONS:</p> <ul style="list-style-type: none"> This form is to be used by DO providers, participating in a pilot project being conducted by LACDMH, to obtain consent from clients when AI Scribe is being used during a client’s treatment sessions.
<p>MH 766 – Application for Assessment & Evaluation for 5150</p> <p>IBHIS Form (DO ONLY): N/A Location Online: QUALITY ASSURANCE/CLINICAL FORMS</p> <p>Creation Date: 3/8/2026 Type of Form (LE ONLY): Required Data Element Implementation: 3/8/2026</p>	<p>PURPOSE: This form is used by peace officers and behavioral health professionals to assess individuals for a 72-hour assessment, evaluation and crisis intervention or placement for evaluation and treatment. This is an LA County version of DHCS 1801.</p> <p>REFERENCES/INSTRUCTIONS:</p> <ul style="list-style-type: none"> Welfare and Institutions Code (W&I Code), section 5150(g)(1), requires that each person, at the time they are first taken into custody under this section, shall be provided, by the person who takes them into custody, the information on this form orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing. This form was updated to be in compliance with SB43. This form was developed using DHCS 1801- Application for up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment as its source.
<p>MH 767 – Notice of Certification for 14 Day Intensive Treatment – 5150 or Additional 30 Day Intensive Treatment 5250 for Grave Disability</p> <p>IBHIS Form (DO ONLY): N/A Location Online: QUALITY ASSURANCE/CLINICAL FORMS</p> <p>Creation Date: 3/10/2026 Type of Form (LE ONLY): Required Data Element Implementation: 3/10/2026</p>	<p>PURPOSE: This form is used to certify individuals for involuntary, intensive mental health treatment beyond the initial 72-hour hold, specifically for 14-day (Section 5250) or 30-day (Section 5270.15) periods due to danger to self/others or grave disability. This is an LA County version of DHCS 1808.</p> <p>REFERENCES/INSTRUCTIONS:</p> <ul style="list-style-type: none"> This form was updated to be in compliance with SB43. This form was developed using DHCS 1808 - Notice of Certification for Intensive Treatment Pursuant to Section 5250 (14 Days Intensive Treatment) or 5270.15 (Additional 30 Days Intensive Treatment for Grave Disability) of the Welfare and Institutions Code as its source. A prompt was added to the form to indicate whether an interpreter was needed and if so, in which language.

UPDATED FORMS

<p>MH 646 - Caregiver’s Authorization Affidavit</p> <p>IBHIS Form (DO ONLY): N/A Location Online: Consent/Authorization</p> <p>Current Form Date: 1/1/2026 Type of Form (LE ONLY): Ownership</p>	<p>REVISIONS:</p> <ul style="list-style-type: none"> • Updated relative definition • Added a new warning that no notarization or court seal is required • Added a new validation statement that a relative's signed affidavit grants the caregiver the same authority as a guardian under Probate Code §2353 to consent to medical, dental, and (subject to §2356 limitations) mental health treatment for the minor. • Eligible caregivers now include relatives, defined as an adult related to the child by blood, adoption, or affinity within the fifth degree of kinship, including stepparents, stepsiblings, and all relatives whose status is preceded by the words “great,” “great-great,” or “grand,” or the spouse of any of these persons even if the marriage was terminated by death or dissolution. <p>REFERENCES/INSTRUCTIONS: This form was revised to align with California Assembly Bill (AB) No. 495, the Family Preparedness Plan Act of 2025, effective January 1, 2026.</p>
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OBSOLETE FORMS

MH 302 Application of 72-hour Detention for Evaluation & Treatment (replaced by MH 766)

IBHIS Form (DO ONLY): N/A

Date Obsolete: 3/5/2026

MH 636 - Client Treatment Plan (replaced by MH 764)

IBHIS Form (DO ONLY): N/A

Date Obsolete: 7/1/2025

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 Systems (IBHIS) has incorporated clinical forms, when appropriate, and has been updated to reflect the changes noted in 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