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**ANNOUNCEMENTS**

The Quality Assurance Division is in the process of collecting all standardized screening and measurement tools in use by Directly-Operated Programs in order to ensure all needed tools are evaluated for implementation into IB-HIS. Directly-Operated Programs should send all standardized screening and measurement tools currently in use to the Quality Assurance Division c/o Jennifer Hallman, 550 S. Vermont 5th Floor Suite 502, Los Angeles, CA 90020 or email them to [jhallman@dmh.lacounty.gov](mailto:jhallman@dmh.lacounty.gov)

**MH 521 - CONSENT FOR MINOR (Revised)**  
**MH 701 - CONSENT FOR OBSERVATION (New)**

NEW AND REVISED FORMS AVAILABLE ON THE INTERNET:

[HTTP://DMH.LACOUNTY.GOV/WPS/PORTAL/DMH/CLINICAL\\_TOOLS/CLINICAL\\_FORMS](http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_forms) UNDER CONSENTS

On January 1, 2011, a new Minor Consent Law went into effect under Health & Safety Code § 124260. The Quality Assurance Division, with consultation from County Counsel, has updated and revised the MH 521-Consent For Minor Form to include the new criteria for consent of minor for mental health services under this new law. Please note that this law does not rescind or supersede the existing minor consent laws. Because of the legal nature of this form, this is an Ownership\* Clinical Record Form for Contract Agencies.

**Important Information about Health & Safety Code § 124260 (for Directly-Operated)**

- Health & Safety Code § 124260 does NOT require that the minor would (A) present a danger of serious physical or mental harm to self/others without mental health treatment or (B) be the alleged victim of incest or child abuse.
- Health & Safety Code § 124260 is NOT covered by Medi-Cal; therefore, alternative funding must be available to cover the cost of mental health services (see QA Bulletin No. 11-07 [http://file.lacounty.gov/dmh/cms1\\_170493.pdf](http://file.lacounty.gov/dmh/cms1_170493.pdf)).
- Health & Safety Code § 124260 states that determination regarding parental involvement should be made in consultation with the minor.

**Important Information about the Revised Form**

- The formatting of the form has been revised to clearly identify and separate out the six (6) different laws under which a minor may consent for his/her own services; only one (1) of these laws, with all associated criteria identified on the form, needs to be met in order for a minor to consent for his/her own mental health treatment.

(continued on next page)

**DO YOU KNOW THE ANSWERS TO THESE QUESTIONS? (DIRECTLY-OPERATED)**

1. If someone has a health care Power of Attorney for a client, can this individual access client's PHI?
2. Are DMH providers required to make a minimum necessary determination to disclose to the Social Security Administration (SSA) or its affiliated agencies, for client's applications for Federal or State benefits?

Answers on the next page

CLINICAL RECORDS BULLETIN





**Important to Remember about Consent For Minor (continued)**

The Consent For Minor form does NOT serve as the Consent For Services form. The form identifies and verifies the criteria under which a minor is allowed to consent for his/her own mental health services. A MH 501 - Consent For Services form must be completed by the minor after the MH 521 - Consent For Minor form has been completed.

If a Consent For Minor form is completed, then a corresponding code is required for “Authorization of Minor” when opening the episode. See the IS Codes Manual for a complete listing of the “Authorization of Minor” codes for the IS.

**Implementation**

Directly-Operated: The revised form should be implemented immediately.

A new consent form, **MH 701 - Consent For Staff/Volunteer/Intern Observation**, has been developed for clients to consent to the observation of sessions by other staff, volunteers, or interns who are not a part of the client’s treatment team. This new form is to be used any time a non-treating staff, volunteer, or intern is going to be observing sessions for the purposes of education, training and/or quality of service. Because of the legal nature of this form, this is an Ownership\* Clinical Record Form for Contract Agencies.

**Important Information:**

- Clients should always be asked if it is okay for others to observe prior to allowing any non-treating staff/volunteer/intern to observe.
- If it is not possible to complete this form prior to staff/volunteer/intern observation, the client should be verbally asked and a note should be made in the progress note of the client’s acceptance/denial.
- This form may be used for observation through a window or mirror or observation in the treatment room itself.
- A note should always be made in the Progress Note stating any staff/volunteer/intern who observed and the purpose of the observation.

**Implementation:**

Directly-Operated: The new form should be implemented immediately.

The Clinical Forms Inventory has been updated and placed on-line in accord with the information in this Bulletin. If you have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

\* See the Clinical Forms Inventory and Clinical Records Bulletin Edition 2011-03 for the definition of these forms.

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|---------------------------------|----------------------------|----------------------------|
| c: Executive Leadership Team    | District Chiefs            | Program Heads              |
| TJ Hill - ACHSA                 | Nancy Butram - RMD         | Judith Miller - Compliance |
| Pansy Washington - Managed Care | Department QA Staff        | QA Service Area Liaisons   |
| Provider Record Keepers         | Regional Medical Directors |                            |

**I KNOW THE ANSWERS TO THOSE QUESTIONS!**

1. Yes. An individual that has been given a *health care* Power of Attorney does have the right to access client’s PHI. There are other Powers of Attorney that would not allow for access to PHI such as a designation of a fiduciary/estate Power of Attorney.
2. Yes. These disclosures must be authorized by an individual and are NOT exempt from the HIPAA Privacy Rule’s minimum necessary requirements. Furthermore, use of the DMH authorization form is not required. DMH providers can accept an authorization form from SSA or its affiliated agencies as long as the form is appropriately completed.