



Initial and date applicable items. If not applicable, enter N/A and date.

|   | Initials | Date |
|---|----------|------|
| Client Face Sheet   |          |      |
| Notice of Privacy Practices Acknowledgement                   |          |      |
| Description of services and goals                             |          |      |
| Consent for treatment   |          |      |
| Consent for telehealth treatment                              |          |      |
| Informed consent for psychotropic medications                 |          |      |
| Language/interpretation services offered                      |          |      |
| Grievance/appeal process reviewed                             |          |      |
| State Guide to Medi-Cal Behavioral Health Services offered    |          |      |
| Documentation that reflects risks of non-compliance discussed |          |      |
| Release of information  |          |      |
| Initial behavioral health assessment                          |          |      |
| Advance directive brochure offered                            |          |      |
| Late/No show cancellation policy explained                    |          |      |
| Discharge plan completed                                      |          |      |

**Notes**