

## Client Checklist

Initial and date applicable items if not applicable write n/a and date entry

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