

MONTEREY COUNTY



DEPARTMENT OF HEALTH Ray Bullick, Director

ANIMAL SERVICES
BEHAVIORAL HEALTH
CLINIC SERVICES

EMERGENCY MEDICAL SERVICES
ENVIRONMENTAL HEALTH

PUBLIC HEALTH
PUBLIC ADMINISTRATOR/PUBLIC GUARDIAN

Dear: _____
(Client's Name/Client's Representative)

We would like to continue to have the opportunity to provide you or your child with outpatient services in our clinic. We have some concerns regarding maintaining safety during your or your child's visit.

At this time, we would like to provide you with some options regarding your or your child's treatment in our clinic. Please review your options below and initial your selection:

_____ I agree to have a supporting staff person in my or my child's sessions (due to safety concerns).

_____ I agree to have the office door open during my or my child's sessions; we shall lower our voices during sessions in order to protect confidentiality.

_____ I would like to discontinue my or my child's services at this time.

I further understand that these safeguards may be removed when there are no safety concerns by staff members.

Client/Client's Representative Signature

Date: _____

Staff Signature

Date: _____