

Vital Document	Translation Status					
	Chinese	Korean	Spanish	Tagalog	Vietnamese	Other Languages
Authorization/Consent						
Advance Health Care Directive and Instructions	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>
Authorization for Release of Information	✓	✓	✓	✓	✓	✓
Authorization to Sell Patient Art	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>
Informed Consent to Naltrexone Maintenance Treatment and Treatment Agreement	<i>In Progress</i>					
Informed Consent to Opioid Buprenorphine Treatment and Treatment Agreement	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>
Informed Consent to Opioid Methadone Maintenance Treatment and Treatment Agreement	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>
Consent for Surgery	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>
Consent for Photographs or Filming	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>
Informed Consent for Psychotropic Medication Form	✓	✓	✓	✓	✓	✓
Consent to Tele-Health Services - Psychiatry Consultation	✓	✓	✓	✓	✓	✓
Consent to Release and Obtain Information	✓	✓	✓	✓	✓	✓
Electroconvulsive Treatment (ECT) Informed Consent Form	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>
Notices / Notifications						
Dental Prosthesis Agreement	✓	✓	✓	✓	✓	✓
Receipt of Dental Prosthesis	✓	✓	✓	✓	✓	✓
Dental Notice - Ineligible Status for Dentures	✓	✓	✓	✓	✓	✓
AB 630 Notification	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>
Notice of Liability (Patient)	✓	✓	✓	✓	✓	✓

Notice of Liability (Conservator)	✓	✓	✓	✓	✓	✓
Notice of Privacy Practices	✓	✓	✓	✓	✓	✓
Notice of Privacy Practices Acknowledgement of Receipt	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Notice to Patient Workers: Injuries Caused by Work	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Notifications & Contacts Identification Form	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Involuntary Patient Advisement	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Notification to Family of Patient Admission-Transfer	✓	✓	✓	✓	✓	✓
Order to Pay Benefits and Consent to Request for ROI	✓	✓	✓	✓	✓	✓
Notification of Diagnostic Test Results	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Patients' Rights Documents / Complaint Forms						
Patients' Rights Complaint Form	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Patients' Rights Poster	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Notification of Patients' Rights	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Offices of Patients' Rights Form	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Patient Notification of Rights & Responsibilities	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Denial of Rights	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Denial of Rights Procedure Non-LPS	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
EEO Discrimination Complaint Form	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Appeal of Placement	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Your Right to Make Decisions About Medical Treatment	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Patient Property						
Property Transfer Request Form	In Progress					
Patient Treatment Materials						

PC 1370 Competency to Stand Trial Resources, Study Guides and Documents	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Forensic Relapse Prevention Plan Booklet	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
ECT Patient Info Handout	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Family History	Submitted	Submitted	✓	Submitted	Submitted	Submitted
Wellness Recovery Action Plan (WRAP) Template	Submitted	Submitted	✓	Submitted	Submitted	Submitted
Visitation Forms and Family Support Documents						
Visitor's Request and Authorization Form	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Family and Visitor Information and Procedures	Submitted	Submitted	✓	Submitted	Submitted	
Special Visitation Request Form	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Minor Visitation Authorization Form - Forensic Visiting	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Miscellaneous						
Lanugage Access Plan	✓	✓	✓	✓	✓	✓
Voluntary Admission Application for Mentally Disabled Person	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Calling Card Request Form	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Patient Calling Card User Instructions	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Missed or Declined Health Care Service	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Grounds Access Patient Form (AD 780 Attachment 1)	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Patient Worker Acknowledgement of Receipt of Claim Form	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Request for Amendment-Correction of Protected Health Information	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Patient Mail, Packages and Trust Office Information	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Withdrawal of Patient's Funds	✓	✓	✓	✓	✓	✓
Emergency Contact and AHCD Summary	Submitted	Submitted	✓	Submitted	Submitted	Submitted

Family Input Form	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Lost/Damaged Personal Property Liability Waiver	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Information for Patients Considering Gender Affirmation Surgery	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Payment Plan Agreement	✓	✓	✓	✓	✓	✓
Privacy Practices Receipt	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Patient Worker's Report of Injury	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Strategic Plan	✓	✓	✓	✓	✓	✓
Patient Request for Access And/Or Copies of Health Records	✓	✓	✓	✓	✓	✓
Financial Assistance Program Documents						
DSH 10268 Financial Assistance Program Application						
DSH 10268A FAP Patient Guide (Admission)	✓	✓	✓	✓	✓	✓
DSH 10268A FAP Patient Guide (Discharge)	✓	✓	✓	✓	✓	✓
DSH 10268E FAP Application	✓	✓	✓	✓	✓	✓
DSH 10268F FAP Application Instructions	✓	✓	✓	✓	✓	✓
DSH 10269 Sliding Fee Schedule	✓	✓	✓	✓	✓	✓
FAP Operational Procedures	✓	✓	✓	✓	✓	✓
FAP Policy Directive	✓	✓	✓	✓	✓	✓
Deposit Funds for Patient with ConnectNetwork Brochure	✓	✓	✓	✓	✓	✓
Trust Documents						
DSH 10260 Admission Questionnaire	✓	✓	✓	✓	✓	✓
DSH 10263 Authorization for Deposit and Withdrawal	✓	✓	✓	✓	✓	✓
DSH 10267 Patients Valuables and Receipt	✓	✓	✓	✓	✓	✓
Suicide Prevention Flyer	✓	✓	✓	✓	✓	✓
Waiver form for Patient Packages	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted
Cancel Package Waiver	Submitted	Submitted	Submitted	Submitted	Submitted	Submitted

New

New

New

New

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New

Statement of Disagreement	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	New
Consent for Phallometric Exam	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	New
OMD Orientation Manual Signature Page	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	New
Release and Consent for Polygraph Assesement	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	New
Patient Cash Card Request	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	New
Patient Ledger Report Request	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	New
Voter Registration Request	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	New
Release Suicide Trifold Brochure	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	<i>Submitted</i>	New
Patient Notice of Evaluation as a Sexually Violent Predator	<i>Document is no longer in use and has been rescinded.</i>						
Inmate Notice of Evaluation as a Sexually Violent Predator	<i>Document is no longer in use and has been rescinded.</i>						
Visiting Time Request	<i>Document is determined not to be for statewide use and deemed not to meet criteria as a vital document</i>						
Visiting Forms Memo (Spanish)	<i>Document is determined not to be for statewide use and deemed not to meet criteria as a vital document</i>						
Scheduled In-Person Visit	<i>Document is determined not to be for statewide use and deemed not to meet criteria as a vital document</i>						
Unable to Schedule Requested Visit Notification	<i>Document is determined not to be for statewide use and deemed not to meet criteria as a vital document</i>						
Family Letter Template (Spanish)	<i>Document is determined not to be for statewide use and deemed not to meet criteria as a vital document</i>						