DISCLOSURE OF PHYSICIAN PROBATION STATUS
CLIENT CONSENT

The undersigned client* or responsible adult** consents to and authorizes mental health services by:

_____

Name of Probationary Licensee

This disclosure consent informs the undersigned client and/or responsible adult that the Probationary Licensee named is on Probationary Status with his/her licensing board as of July 1, 2019, or thereafter. This consent disclosure complies with the Patient Right to Know Act of 2019 to provide this information prior to client's first visit following the probationary order and includes the following information:

1. Probationary Status: _____
2. Length of Probation: _____
3. Probationary End Date: _____
4. Practice Restrictions placed by the licensing board: _____
5. Board Telephone Number: 1-800-633-2322
6. Additional information can be located at: Medical Board of California

Signature of Client*	Print Name	Date

Signature of Responsible Adult**	Print Name	Relationship to Client	Date

Signature of Witness/Interpreter***	Date

This consent was interpreted in _____ for the client and/or responsible adult.

If a translated version of this consent was signed by the client and/or responsible adult, the translated version must be attached to the English version.

To be completed by Staff if signed by a minor or if there is no signature by client or responsible adult.

☐ Client is willing to accept services, but unwilling to sign this Consent.

☐ I have completed or have caused to be completed the Consent of Minor form for any client between the ages of 12-18 signing above without parental/guardian consent.

Signature of Licensee	Print Name	Date

* A minor receiving services under his/her own signature

** Responsible Adult = Guardian, Conservator, or Parent of minor when required.

*** Witness/Interpreter = Person who either witness the signing of the form (may be staff or other person) or person who interpreted this form into another language for the client (must include the language it was interpreted into).

Name: **IS #:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health