

Adult Mental Health Services TRANSFER FORM

Fax documents to: ADULT ACCESS TEAM	Access Fax Number: 916-875-1190
Client:	Avatar ID:
Requesting Staff/Program:	Phone/Extension:
Referring Program (check one) / FAX: <input type="checkbox"/> Aftercare Clinic <input type="checkbox"/> APSS Clinic <input type="checkbox"/> APCC TWC <input type="checkbox"/> CSH WRC - North <input type="checkbox"/> CSH WRC - South <input type="checkbox"/> El Hogar Guest House <input type="checkbox"/> El Hogar RST <input type="checkbox"/> El Hogar Sierra Elder <input type="checkbox"/> HRC RST <input type="checkbox"/> HRC TCORE <input type="checkbox"/> TLCS New Direction <input type="checkbox"/> TP Integrated Service Agency (ISA) <input type="checkbox"/> TP Northgate Point RST <input type="checkbox"/> TP Pathways <input type="checkbox"/> Visions RST - Galt <input type="checkbox"/> Visions RST - South <input type="checkbox"/> Other:	Receiving Program: <input type="checkbox"/> APSS Clinic <input type="checkbox"/> APCC TWC <input type="checkbox"/> CSH WRC - North <input type="checkbox"/> CSH WRC - South <input type="checkbox"/> El Hogar RST <input type="checkbox"/> HRC RST <input type="checkbox"/> HRC TCORE <input type="checkbox"/> TLCS New Direction <input type="checkbox"/> TP Northgate Point RST <input type="checkbox"/> Visions RST – Galt <input type="checkbox"/> Visions RST – South <input type="checkbox"/> Other:
This form is for <u>transfer of linked adults</u> with a Level II service need within the MH Plan. Provider rationale for transfer (attach a progress note documenting rationale, LOCUS Progress Note as indicated): <input type="checkbox"/> Relocation <input type="checkbox"/> Move to less intensive level of service – <i>Use the Intensive Service Request for referrals to Level IV</i> <input type="checkbox"/> Request for change of Provider <input type="checkbox"/> Other	
Referring Providers must attach: <input type="checkbox"/> CDS (updated) <input type="checkbox"/> Progress Note / LOCUS Progress Note <input type="checkbox"/> Other: <i>Access will notify the referring Provider of authorization, then the referring Provider will send a clinical packet to the receiving Provider (CDS, most recent Adult Comprehensive Assessment or Adult Reassessment, Service Plan, AMSP, CODA, Health Questionnaire, Medication regime, etc.)</i>	Receiving Providers: Once the packet is received the Provider will check the Avatar screen open episode and authorization.

Adult Access Team Use Only		
Transfer Effective Date:	Date faxed to referring agency:	Clinician:

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