

SCANNED DOCUMENT MANAGEMENT

| SmartCare Categories for Scanning | Document Name/Type | Naming Convention for Description in SmartCare: (Document Name and Date of Document) | Comments |
|---|--|--|---|
| Access | Access Referral | Mental Health Service Request Form (Date) | |
| Access | Detailed Authorization for Out of County Clients | Detailed Auth for OOC (Date) | |
| Access | Hospital Appointment Letters | Hospital Appointment Letters (Date) | |
| Access | Unable to Contact Letters | Unable to Contact Letters (Date) | |
| Access | Presumptive Eligibility Letters (AB 1299) | PT Eligibility (AB1299) (Date) | |
| Access | Service Authorization Requests (SARs) | SAR (Type of SAR) (Date) | |
| Assessments/Screening/Outcome Measure (scanned) | CalWorks Assessments | CalWorks Assessment (Date) | |
| Assessments/Screening/Outcome Measure (scanned) | Clinical Assessment Tools | Clinical Assessment Tools (Name of Document)(Date) | |
| Assessments/Screening/Outcome Measure (scanned) | Historical Core Assessments | Core Assessment (Date) | |
| Assessments/Screening/Outcome Measure (scanned) | IP-CANS | IP-CANS (Date) | Used for documents prior to 7/1/23. |
| Assessments/Screening/Outcome Measure (scanned) | Level of Intensity Screening Tool (LIST) | LIST (Date) | |
| Assessments/Screening/Outcome Measure (scanned) | QI Assessment for STRTPs | QI Assessment STRTP (Date) | |
| Assessments/Screening/Outcome Measure (scanned) | Strengths Assessments and Personal Empowerment Plans | SA (Date); Assessments- PEP (Date) | |
| Assessments/Screening/Outcome Measure (scanned) | Sacramento County ECM Comprehensive Assessment Form | Sacramento County ECM Comprehensive Assessment Form (Date) | |
| Benefits Acquisition | Applications for SSI / Medi-Cal | SSI Applications/Medi-Cal (Date) | |
| Benefits Acquisition | MD SSI forms | MD SSI Forms (Date) | |
| Benefits Acquisition | Physician's/Medical Officer's Statement, Patient's Capacity to Manage Benefits | Physician's/Medical Officer's Statement, Patient's Capacity (Date) | Patient's Capacity to Manage Benefits |
| Benefits Acquisition | Requested Information for SSI | Requested Info for SSI (Date) | |
| CFT Info | CFT Action Plans | CFT Action Plans (Date) | |
| CFT Info | CFT Minutes | CFT Minutes (Date) | |
| CFT Info | TDMs | TDMs (Date) | |
| Client Correspondence | Med lists sent to PCP or another provider | Outgoing Correspondence-Med lists sent to PCP (Date) | |
| Client Correspondence | Patient Notes and Letters | Pt. Notes and Letters (Date) | |
| Client Correspondence | Client Voter form | Voter Form (Date) | |
| Collateral Documents | Access Forms, Faxes and Correspondence | Access Forms, Faxes and Correspondence (Date) | |
| Collateral Documents | Approval of Prescription Drug Coverage | Approval of Prescription Drug Coverage (Date) | |
| Collateral Documents | Assessments/Evaluations from State Hospitals | Assessments/Evaluations from State Hospitals (Date) | |
| Collateral Documents | AWOL Report | AWOL Report (Date) | |
| Collateral Documents | CRP Extension Requests (past 30 days) | CRP Extension Requests (past 30 days) (Date) | |
| Collateral Documents | Group sign off document | Group Attendance Sheet (Name of Group/Date/Time) | |
| Collateral Documents | Leave of Absence | Leave of Absence (Date) | |
| Collateral Documents | LOCUS' Completed by other agencies | Historical LOCUS' Completed by other agencies (Date) | |
| Collateral Documents | LOCUS Hospital Packets at time of linkage | Historical LOCUS Hospital Packets at time of linkage (Date) | |
| Collateral Documents | PCP Records | PCP Records (Date) | |
| Collateral Documents | Progress Notes and discharge summaries from other agencies (Not Hospitals) | Progress Notes, D/C summaries from other agencies (Date) | Does not include inpatient/hospital documents |
| Collateral Documents | Quarterly Report to CPS | Quarterly Report to CPS (Date) | |
| Collateral Documents | Service Requests/FAST Referral and collateral documents | Historical Service Requests/FAST Referral and collateral documents (Date) | |
| Consent to Treat (scanned) | Consent for HIV Testing | Consent for HIV Testing (Date) | |
| Consent to Treat (scanned) | Consent to Photograph | Consent to Photography (Date) | |
| Consent to Treat (scanned) | Consent to treat (MERT) | Consent to Treat (MERT) (Date) | |
| Consent to Treat (scanned) | Consent to Treat (Other) | Consent to Treat (other) (Date) | |
| Consent to Treat (scanned) | Individual Consent | Individual Consent (Date) | |
| Consent to Treat (scanned) | Informed Consent to Treat | Informed Consent to Treatment (Date) | |
| Consent to Treat (scanned) | JCE 366 | JCE 366 (Date) | |
| Consent to Treat (scanned) | Minor Consent Form | Minor Consent (Date) | |

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| Consent to Treat (scanned) | Telehealth Consent | Telehealth Consent (Date) | |
| Consent to Treat (scanned) | Telepsychiatry Consent | Telepsychiatry Consent (Date) | |
| Consent to Treat (scanned) | Therapy Consent | Therapy Consent (Date) | |
| | | | |
| Court Documents (scanned) | 5150 | 5150 (Date) | |
| Court Documents (scanned) | 1570 Form for Commitment to State Hospital | 1570 Form for Commitment to State Hospital (Date) | |
| Court Documents (scanned) | 5150 Involuntary Patient Advisement | 5150 Involuntary Patient Advisement (Date) | |
| Court Documents (scanned) | 5250 – Notice of Additional 14-day Certification | 5250 – Notice of Additional 14-day Certification (Date) | |
| Court Documents (scanned) | 5250 Certification Review Hearing – Record and Decision (yellow sheet) | 5250 Certification Review Hearing – Record and Decision (Date) | Yellow sheet |
| Court Documents (scanned) | 5270 Certification Review Hearing – Record and Decision (yellow sheet) | 5270 Certification Review Hearing – Record and Decision (Date) | Yellow sheet |
| Court Documents (scanned) | 5270 Notice of Additional 30-day Certification | 5270 Notice of Additional 30-day Certification (Date) | |
| Court Documents (scanned) | Advance Medical Directive | Advance Medical Directive (Date) | |
| Court Documents (scanned) | Affidavit of Identity for U.S. Citizen or National | Affidavit of Identity for U.S. Citizen or National (Date) | Will be named 1570 for NSH (Napa State Hospital), PSH (Patton State Hospital), etc. |
| Court Documents (scanned) | Clinician's Affidavit for Suicidal Patient | Clinician's Affidavit for Suicidal Patient (Date) | |
| Court Documents (scanned) | Conservatorship papers in chronological order (TCON Referral from MHTC) (TCON Granted from court) | Conservatorship papers (MHTC) (Date) | (TCON Granted from court): In chronological order. TCON Referral from MHTC. |
| Court Documents (scanned) | Court Document Appointing guardianship of a minor | Court Document Appointing guardianship of a minor (Date) | |
| Court Documents (scanned) | Court Orders | Court Order (Date) | |
| Court Documents (scanned) | Court-Related Documentation that is attached to a Service Request | Court Related Document (Name of Document) (Date) | |
| Court Documents (scanned) | Family Court Documents (Custody, Visitation, Etc.) | Family Court Documents (Custody, Visitation, Etc.) (Date) | |
| Court Documents (scanned) | Guardianship Documents | Guardianship Documents (Date) | |
| Court Documents (scanned) | Mental Health Court Documents | Mental Health Court Documents (Date) | |
| Court Documents (scanned) | Mental Health Facilities Report of Firearms Prohibition – DOJ form | Mental Health Facilities Report of Firearms Prohibition – DOJ form (Date) | |
| Court Documents (scanned) | Notice of Certification Hearing (to Patient - 5250,5270,etc.) | Notice of Certification Hearing (to Patient - 5250,5270,etc.) (Date) | |
| Court Documents (scanned) | Notice of Intent to Request Conservatorship (NOI) | Notice of Intent to Request Conservatorship (NOI) (Date) | |
| Court Documents (scanned) | Order for Post certification Treatment of Imminently Dangerous Person - Hearing Results | Order for Post certification Treatment of Imminently Dangerous Person - Results (Date) | |
| Court Documents (scanned) | Patient Notification of Firearms Prohibition and Right to Hearing | Patient Notification of Firearms Prohibition and Right to Hearing (Date) | |
| Court Documents (scanned) | Petition for Post certification Treatment of a Dangerous Person | Petition for Post certification Treatment of a Dangerous Person (Date) | |
| Court Documents (scanned) | Physician's Affidavit for a Dangerous Patient | Physician's Affidavit for a Dangerous Patient (Date) | |
| Court Documents (scanned) | Physician's Affidavit for Suicidal Patient | Physician's Affidavit for Suicidal Patient (Date) | |
| Court Documents (scanned) | Proof of Service -Physician's Affidavit for a Dangerous Patient | Proof of Service -Physician's Affidavit for a Dangerous Patient (Date) | |
| Court Documents (scanned) | Request For Hearing For Relief From Firearms Prohibition | Request For Hearing For Relief From Firearms Prohibition (Date) | |
| Court Documents (scanned) | Subpoenas | Subpoenas (Date) | |
| Court Documents (scanned) | Tarasoff | Tarasoff (Date) | |
| Court Documents (scanned) | Voluntary Consent for Treatment/List of Patients Rights | Voluntary Consent for Treatment/List of Patients Rights (Date) | |
| Court Documents (scanned) | 1370 (Restoration of Competency-Misdemeanor) | 1370 (Restoration of Competency-Misdemeanor) (Date) | Court/Legal Sensitive Information |
| Court Documents (scanned) | Commitment Order for 1370 | Commitment Order for 1370 (Date) | Court/Legal Sensitive Information |
| Court Documents (scanned) | Conservator Request for transport form | Conservator Request for transport form (Date) | Court/Legal Sensitive Information |
| Court Documents (scanned) | CPS Reports (Juris, Dispo, Status Review, Etc.) | CPS Reports (Juris, Dispo, Status Review, Etc.) (Date) | Court/Legal Sensitive Information |
| Court Documents (scanned) | ECT | ECT (Date) | Court/Legal Sensitive Information |
| Court Documents (scanned) | Health and Education Passport (HEP) | Health and Education Passport (HEP) (Date) | Court/Legal Sensitive Information |
| Court Documents (scanned) | Law Enforcement Reports (patient or staff files report on another patient) Do not put names of both in one chart!!!Use white out! | Law Enforcement Reports (Patient/staff report on another patient) (Date) | Court/Legal Sensitive Information |
| Court Documents (scanned) | M.D. Letter to Court re: 1370s | M.D. Letter to Court re: 1370s (Date) | Court/Legal Sensitive Information |
| Court Documents (scanned) | Public Guardian's Letter of High Risk to Provider | Public Guardian's Letter of High Risk to Provider (Date) | Court/Legal Sensitive Information |
| Court Documents (scanned) | Riese - (Medical Capacity Hearing) | Riese - (Medical Capacity Hearing) (Date) | Court/Legal Sensitive Information |
| Court Documents (scanned) | Sex Offender Address Update (to Sheriff or other LE) | Sex Offender Address Update (to Sheriff or other LE) (Date) | Court/Legal Sensitive Information |
| Court Documents (scanned) | Superior Court -Index Search System Results | Superior Court -Index Search System Results (Date) | Court/Legal Sensitive Information: ISU intake gets copy from Facility Liaison. ISU can scan upon admit of 1370. |
| Court Documents (scanned) | Writs | Writs (Date) | Court/Legal Sensitive Information |
| | | | |
| EBP Related Documents | EBP Related Documents/Screenings | EBP Related Documents/Screenings (Specific Name) (Date) | |
| EBP Related Documents | Personal Empowerment Plan (PEP) | Personal Empowerment Plan (PEP) (Date) | |
| EBP Related Documents | Strengths Assessment (SA) | Strengths Assessment (SA) (Date) | |
| | | | |
| Education/Employment | 504 Plans | 504 Plan(s) ((Date) | |
| Education/Employment | Avatar Vocational Assessment | Vocational Assessment (Date) | |
| Education/Employment | Behavior Support Plans | Behavior Support Plans (Date) | |
| Education/Employment | DOR Psychiatric Summary (signed by a licensed staff) | DOR Psychiatric Summary (signed by a licensed staff) (Date) | |

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| Education/Employment | DOR/Crossroads Papers | DOR/Crossroads Papers (Date) | |
| Education/Employment | EC Prescription Referral Form | EC Prescription Referral Form (Date) | |
| Education/Employment | EC Release of Information | EC Release of Information (Date) | |
| Education/Employment | IEP (Individualized Education Plan) | IEP (Individualized Education Plan) (Date) | |
| Education/Employment | School Records (Report Cards, etc.) | School Records (Report Cards, etc.) (Date) | |
| Education/Employment | SSTs | SSTs (Date) | |
| Financial/Insurance (scanned) | Advanced Beneficiary Notice (ABN) | Advanced Beneficiary Notice (ABN) (Date) | |
| Financial/Insurance (scanned) | Agreement to Pay (ATP) – white copy (Historical Document Replaced with FIF in 2016) | Agreement to Pay (ATP) (Date) | Historical Document Replaced with FIF in 2016 |
| Financial/Insurance (scanned) | Correspondence from Social Security (i.e. change of payor/payee) | Correspondence from Social Security (Date) | (i.e. change of payor/payee) |
| Financial/Insurance (scanned) | Insurance Face sheet | Insurance Face sheet (Date) | |
| Financial/Insurance (scanned) | Medical Screen from the Meds System | Medical Screen from the Meds System (Date) | |
| Financial/Insurance (scanned) | VA Contact Sheet | VA Contact Sheet (Date) | |
| Financials | Financial Information Form (FIF) | Financial Information Form (FIF) (Date) | |
| Financials | UMDAP | UMDAP (Date) | |
| FSP 3M (scanned) | FSP 3M | 3M (Date) | |
| FSP KET (scanned) | FSP KET | KET (Date) | |
| FSP PAF (scanned) | FSP PAF | PAF (Date) | |
| HIPAA | Acknowledgement of Receipt | Acknowledgement of Receipt (Date) | |
| HIPAA | Accounting Of Disclosures | Accounting Of Disclosures (Date) | |
| HIPAA | Client Request for Access to Health Record and M.D. Approval form | Client Request for Access to Health Record and M.D. Approval form (Date) | |
| HIPAA | Notice of Privacy Practices | Notice of Privacy Practices (Date) | |
| HIPAA | Privacy Policies by Year | Privacy Policies by Year (Date) | |
| HIPAA | Request to Amend Records and Approved or Denied Response Forms | Request to Amend Records and Approved or Denied Response Forms (Date) | |
| Historical Chart Documents | All Historical Documents Prior to Avatar | Historical Documents prior to SmartCare (Date) | Please label the Clinical Introductory Note and the Initial Psychiatric Assessment |
| Historical Chart Documents | Client Merge Notification | Client Merge Notification (Avatar) (Date) | |
| Historical Chart Documents | Historical Medi-Cal Mobile Benefit Documentation Prior to Entry in SmartCare | Historical Medi-Cal Mobile Benefit Documentation (Date) | CWRT entry into SmartCare became effective 5/30/2024. |
| Homeless Doc | Chronic Homelessness Verification Form | Chronic Homeless Verification Form (Date) | |
| Homeless Doc | Disability Certification | Disability Certification (Date) | |
| Homeless Doc | Proof of Income (No Income, Public Assistance, SSI Award Letter, Employment) | Proof of Income Paperwork (Date) | |
| Homeless Doc | Rent Assistance Calculator | Rent Assistance Calculator (Date) | |
| Homeless Doc | Service Animal/Companion Animal Certification | Service Animal Document (Date) | |
| Homeless Doc | Third Party Homeless Verification | 3rd Party Homeless Verification (Date) | |
| Hospitalization/IP (scanned) | Hospital Discharge Paperwork (including Psychiatric hospitals) | Hospital Discharge Paperwork (Date) | |
| ID/Insurance Cards | Identification card | ID Card (Date) | |
| ID/Insurance Cards | Insurance Card (e.g., Medi-Cal, Medi-Care, Insurance card photocopies) | Insurance Card and photocopies (Date) | |
| ID/Insurance Cards | Miscellaneous card (i.e., UCDCM card) | Miscellaneous Cards-(Name of Card) (Date) | |
| Incoming Correspondence | Medical Records Requests | Medical Requests Request (Date) | |
| Inpatient | Concurrent Review Documents | Concurrent Review Docs (Date) | |
| Inpatient | Inpatient UR Tool | UR Tool (Date) | |
| Inpatient | TAR | TAR (Date) | |
| Intake Paperwork | Ambulance packet | Ambulance packet (Date) | |
| Intake Paperwork | ISU Nurse to Nurse Patient Final Arrival Screening | ISU Nurse Arrival Packet/Screening (Date) | |
| Intake Paperwork | JV 583 Form | JV 583 from (Date) | |
| Intake Paperwork | Reception Patient Worksheet | Reception Patient Worksheet (Date) | |
| Intake Paperwork | Referral Packets - clients accepted | Referral Packets (Date) | ISU: Should be included in Intake packet |

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|--|--|--|---|
| Intake Paperwork | TFC Referral Form & Screening Tool | TFC Referral & Screening Tool Document (Date) | TFC Referral Form & Screening Tool into TFC Episode |
| Intake Paperwork | VA contact sheet | VA Contact Sheet (Date) | (Admitted MHTC, Crestwood Intake Scans) |
| Lab Orders | EKG Results | EKG Results (Date) | |
| Lab Orders | Laboratory Results | Lab Results (Date) | |
| Lab Orders | PPD Results letter | PPD Results (Date) | |
| Lab Orders | Pregnancy Tests | Pregnancy Test Results (Date) | |
| Lab Orders | TB test results | TB Test Results (Date) | |
| Lab Orders | X-Ray Results | X-Ray Results (Date) | |
| Medication History Request Consent (scanned) | CURES | Cures (Date) | |
| Medication History Request Consent (scanned) | Informed Consent for Treatment with Psychotropic Drugs | Informed Consent-Psychotropic Drugs (Date) | |
| Medication History Request Consent (scanned) | JV220 Documents | JV220 Documents (Date) | |
| Medication History Request Consent (scanned) | Medical Practitioner (MD, PA, etc) notes | Medical Notes | Historical |
| Medication History Request Consent (scanned) | Client Prescription Refill Request | Prescription Refill (Date) | |
| Medication History Request Consent (scanned) | Prescriptions | Prescriptions (Date) | |
| Medication History Request Consent (scanned) | Psychiatric Referrals | Psychiatric Referrals (Date) | |
| MHTC | Billing/Response letters to billers | Billing/Response Letters (Date) | MHTC |
| MHTC | Client Merge Notification | Client Merge Notification (Date) | MHTC Only |
| MHTC | Denial of Rights Documentation Record- 15 min. Pink sheet | Denial Rights Packet (Date) | MHTC - (pink sheet) |
| MHTC | Interview Summary from Crisis Residential | Interview Summary of Crisis Residential (Date) | |
| MHTC | Law Enforcement / MCST FAST Form | Law Enforcement/MCST FAST Form (Date) | |
| MHTC | MARs (Treatment/Standing and PRN) | MARS (Date) | Title type of MAR separately (TX,PRN/Standing) and put date range |
| MHTC | MHTC Accounting of Disclosures | MHTC Accounting of Disclosures (Date) | MHTC Only |
| MHTC | MHTC Medical Consultation Request and documentation back from ED or outpatient appointment | MHTC Medical Consultation Request (Date) | Stamp individual RX as scanned and place in hard chart on unit |
| MHTC | MHTC Subpoenas | MHTC Subpoenas | If no ROI be sure to record release of records to County Council on Accounting of Disclosures |
| MHTC | Missing Persons Form | Missing Persons Form (Date) | MHTC Only |
| MHTC | Letter from MHTC M.D. or clinician (Not related to 1370 or Benefits, i.e. letter to employer to excuse from work due to hospitalization) | Letter from MHTC MD (Date) | |
| MHTC | Property Reports / signed | Property Reports | |
| MHTC | Property Request Forms | Property Requests | |
| MHTC | All Physician Orders | Physician Orders (Date) | Scan all MD orders as one document and title with date range |
| MHTC | Provider Behavioral Plans/ISU MD Letter to ERs | Provider Behavioral Plans & ISU MD Letter (Date) | MHTC Only |
| MHTC | Red Alert Sheets | Red Alert Sheets (Date) | MHTC Only |
| MHTC | MHTC Referral Packets - clients NOT accepted | Referral Packets (Date) | |
| MHTC | Seclusion or Restraint Patient Debriefing | Seclusion or Restraint Patient Debriefing (Date) | |
| MHTC | Sleep Log | Sleep Log (Date) | |
| MHTC | Tarasoff Forms | Tarasoff Documents (Date) | MHTC Only |
| MHTC | Termination of Conservatorship (if client is not inpatient at the time) | Termination of Conservatorship (Date) | MHTC Only |
| NOABD - Authorization Delay (Scanned) | NOABD | NOABD - Authorization Delay (Date) | |
| NOABD - Delivery System (Scanned) | NOABD | NOABD - Delivery System (Date) | |
| NOABD - Denial (Scanned) | NOABD | NOABD - Denial (Date) | |
| NOABD - Financial Liability (Scanned) | NOABD | NOABD - Financial Liability (Date) | |

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|--|--|--|--|
| NOABD - Grievance/Appeal Timeliness (Scanned) | NOABD | NOABD - Grievance/Appeal Timeliness (Date) | |
| NOABD - Modification (Scanned) | NOABD | NOABD - Modification (Date) | |
| NOABD - Payment Denial (Scanned) | NOABD | NOABD - Payment Denial (Date) | |
| NOABD - Termination (Scanned) | NOABD | NOABD - Termination (Date) | |
| NOABD - Timely Access (Scanned) | NOABD | NOABD - Timely Access (Date) | |
| | | | Providers with their own EHR will upload documentation supporting medical necessity for children/youth presumptively transferred to Sacramento |
| Providers with their own EHR | Client Plans | Client Plans (Date) | |
| Providers with their own EHR | Core Assessments | Core Assessment (Date) | |
| Providers with their own EHR | Initial Psychiatric Assessments | Initial Psychiatric Assessments (Date) | |
| Providers with their own EHR | Medication Service Plans | Medication Service Plans (Date) | |
| Providers with their own EHR | TBS Adjunct Client Plan | TBS Adjunct Client Plan (Date) | |
| Referral (scanned) | Intensive Services Referral (LOCUS) | Intensive Services (LOCUS) (Date) | |
| Referral (scanned) | RX from other agencies (i.e. RX from Med Clearance) | Rx-other agencies (Date) | |
| Referral (scanned) | DHCS Transition of Care Tool | Transition of Care Tool (Date) | |
| Release of Information (scanned) | Access Team or SOC ROI | Access Team/SOC (Date) | |
| Release of Information (scanned) | Any ROI | Name of ROI Entity (Date) | |
| Release of Information (scanned) | Family Notification | Family Notification (Date) | |
| Release of Information (scanned) | MDT ROI | MDT | |
| Screening | ISU Patient Tuberculosis and Heath Questionnaire | Screening-ISU Patient Tuberculosis and Heath Questionnaire (Date) | |
| SOC | System of Care (SOC) Authorization | SOC Authorization for Services (Date) | |
| SOC | SOC Referral | SUPT Service Request Form (Date) | |
| SUPT | CIWA (Alcohol Assessment by M.D.) | CIWA/COWS (Date) | |
| SUPT | Medical clearance or Physician letters | Physicals from MDs (Date) | |
| Termination/Exit Documents | After Care Form | After Care Form (Date) | MHUCC |
| Termination/Exit Documents | Photographs (i.e. injuries, etc.) | Photographs (Date) | |
| Testing/Evaluation | Psychiatric Tests | Psychiatric Test (Date) | |
| Testing/Evaluation | Psychological Assessment Summary | Psychological Assessment Summary (Date) | |
| Testing/Evaluation | Psychological Tests | Psychological Test (Date) | |
| Treatment Plan (scanned) | Behavioral Contract | Behavioral Contract (Date) | Once signed by patient, this will be scanned |
| Treatment Plan (scanned) | Client Plan (if signature was obtained later, if Avatar was offline, etc.) | Historical Client Plan (with signature) (Date) | |
| Treatment Plan (scanned) | Discharge Plans | Discharge Plans/Summaries Paperwork (Date) | |
| Treatment Plan (scanned) | Crisis Residential Weekly Updates | Crisis Residential Weekly Updates (Date) | |
| Treatment Plan (scanned) | Inpatient Program Schedule | Inpatient Program Schedule (Date) | |
| Treatment Plan (scanned) | ISU Team Discharge Instructions for Minors | ISU Team Discharge Instructions for Minors (Date) | |
| Treatment Plan (scanned) | Mental Health Wellness Plan | Mental Health Wellness Plan (Date) | |
| Treatment Plan (scanned) | MHSA Client Housing Plan | Historical MHSA Client Housing Plan (Date) | |
| Treatment Plan (scanned) | Safety Plans | Safety Plans (Date) | If not using the Safety Crisis Plan within SmartCare. |