ALAMEDA COUNTY BEHAVIORAL HEALTH CARE - MENTAL HEALTH
INDIVIDUAL STAFF LOG

REPORTING UNIT: _____ **STAFF NAME:** _____

DATE OF SERVICE: _____ **STAFF NO:** _____

CONFIDENTIAL INFORMATION
California W & I Code Section 5328

				TIME					CO-STAFF				
RU	Client Number	Client Name (Last, First)	Procedure Code	HRS : MIN	Grp Ct	Loc*	Preg **	ER **	Co-Staff Number	HRS : MIN	Recipient	Duplicate Code	Next Appt
				1:00									
				2:00									
				2:10									
				1:20									
				1:00									

SUB-TOTAL:	7:30
Enter other staff time already entered in PSP from Staff Appointment Roster	
Enter other staff time already entered in PSP from Group Attendance Roster or Day Svc Log	
Enter your Co-Staff time already entered in PSP from Primary Staff Log	
TOTAL PAID TIME:	

*1=Office, 2=Field, 3=Phone, 4=Home, 5=School Satellite, 6=Satellite
8= Jail 9=Input 10= Homeless Emergency Shelter 11= Faith Based Church / Temple
12= Health Care / Primary Care 13= Age Specific Comm Ctr 14= Clients job site
15= Res. Care Adult 16= Mobile Service 17= Non Traditional Serv.
18= Other Comm.Loc. 19= Res Care/ Child 20=Telehealth 22=Court

Evidence-Based Practices/Service Strategies _____ (DO NOT USE UNTIL FURTHER NOTICE)

****Client Pregnant:** Y=Yes if client is pregnant ****Emergency:** Y=Yes if visit is an emergency. Pregnant and emergency "Y" can only be entered on the **InSyst Single Service Entry Screen.**

I hereby certify, under penalty of perjury, that the information contained in this document is accurate and free from fraudulent claiming.

Signature: _____ Date: _____ Data Entry Initials: _____

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ebt 6.21.06
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