Alameda County Behavioral Health

MHS Discharge (Outpatient Client)

Confidential Patient Information
See Welfare & Institutions Code: 5328

Data Entry Initials: _____

SmartCare Client ID Number: _____(for Data entry personnel)

*Client Last Name: _____

*Client First Name:_____ _____

PLEASE Print Legibly
Highlighted fields with asterisks are required

Program Assignment Details:

*Program Name: _____   **Primary** System informational data field

*Current Status: ☐Discharged

*Assigned Staff: _____

Enrolled Date: Field not used
Requested Date: Field not used

*Discharged Date: _____

*Discharge Reason: _____   (See "Program Assignment Detail" Required Data Field Table for a list of applicable codes)

Next Schedule Service: Field not used

Comment (optional):_____

Revised (10/2023)

Program Assignment Details Required Data Field Table

Discharge Reason: **Must enter data on this field**

Disengaged Before Admission	Client Withdrew: AWOL, AMA, No Improvement	Discharge/Administrative Reasons
Mutual Agreement/Treatment Goals Reached	Client Died	Other
Mutual Agreement/Treatment Goals Partially Reached	Client Moved Out of Service Area	
Mutual Agreement/Treatment Goals Not Reached	Client Discharged/Program Unilateral Decision	
Client Withdrew: AWOL, AMA, Treatment Partially completed	Client Incarcerated	

Revised (10/2023)