COUNTY OF LOS ANGELES –DEPARTMENT OF MENTAL HEALTH
POLICY STATUS CHANGE FORM

To: Compliance Program and Audit Services Bureau

From [1]: _____, Executive Sponsor

Subject: [1] DMH Policy #: _____

[1] DMH Policy Title: _____

CHANGE ACTION:

☐ Temporarily Suspend ☐ Delete

REASON FOR CHANGE:

☐ No longer required due to changes in best practices.

☐ Changes in regulation, statute, or program parameters render policy unnecessary.

☐ [1] Policy/Procedure concepts consolidated in DMH Policy/Procedure # _____

☐ [1] *Other (Please explain):* _____

APPROVALS:

Executive Sponsor: _____ Date: _____
Signature

Director/Designee: _____ Date: _____
Signature

To be completed by Compliance Program & Audit Services Bureau

Policy Status Change Form received by: _____ Date: _____
Initials

1 Please type Executive Sponsor's name, policy number, full policy title, and Other Reason for Change inside the gray boxes