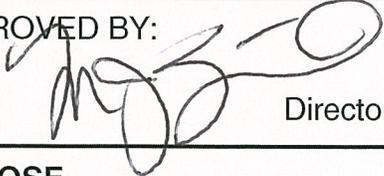




**DEPARTMENT OF MENTAL HEALTH  
POLICY/PROCEDURE**

<b>SUBJECT</b> <b>RECOMMENDATIONS TO PRIVATE PAY MENTAL HEALTH SERVICE PROVIDERS/PRACTITIONERS</b>	<b>POLICY NO.</b> <b>100.02</b>	<b>EFFECTIVE DATE</b> <b>02/09/2015</b>	<b>PAGE</b> <b>1 of 2</b>
<b>APPROVED BY:</b>  Director	<b>SUPERSEDES</b> <b>100.2</b> <b>03/01/03</b>	<b>ORIGINAL ISSUE DATE</b> <b>06/22/1988</b>	<b>DISTRIBUTION LEVEL(S)</b> <b>1</b>

**PURPOSE**

- 1.1 To prevent or avoid any appearance of professional favoritism in issuing Mental Health referrals from public (Los Angeles County Department of Mental Health [LACDMH]) to private resources when requested by persons who self-pay or have outside corporate health insurance.

**DEFINITION**

- 2.1 **Authorized Mental Health Discipline (AMHD):** LACDMH staff of the following disciplines who can provide direct services to clients (Reference 1):
  - Licensed Psychiatrist/Physician (MD/DO);
  - Certified Nurse Practitioner (NP), registered Clinical Nurse Specialist (CNS), Registered Nurse (RN);
  - Licensed or waived Psychologist (PhD/PsyD);
  - Licensed Clinical Social Worker (LCSW) or registered Masters in Social Work (Associate Clinical Social Worker - ASW) or out-of-state licensed-ready waived Masters in Social Work;
  - Licensed Marriage and Family Therapist (LMFT) or registered Marriage and Family Therapist (MFT) Intern or out-of-state licensed-ready waived MFT; and
  - All students of these disciplines with co-signature signifying final responsibility.

**POLICY**

- 3.1 Recommendations made by AMHDs to individuals seeking outside services shall not involve real or apparent conflicts of interests. (Authorities 1 and 2)



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**PROCEDURE**

- 4.1 When an AMHD makes a recommendation to a client or individual regarding mental health services that are provided outside of LACDMH, the recommendation shall be first discussed with the AMHD’s supervisor unless:
  - 4.1.1 The recommendation is to a professional organization not directly providing that service: e.g., American Psychological Association; or
  - 4.1.2 The recommendation is to a service provider which has no personal business or financial connection to the AMHD, as per Authorities 1 and 2.

**AUTHORITY**

- 1. [LACDMH Policy No. 608.2, Conflict of Interest](#)
- 2. [Los Angeles County Administrative Code, Title 5, Chapter 5.44](#)

**REFERENCE**

- 1. [Organizational Providers Manual](#)

**RESPONSIBLE PARTY**

LACDMH Office of the Medical Director