



**San Mateo County Behavioral Health and Recovery Services**  
**ACCESS Team, 310 Harbor Blvd. Building E, Belmont, CA 94002**  
**Phone: 1-800-686-0101      FAX: (650) 349-0771**

<b>PROVIDER CLOSING SUMMARY</b>
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Client Name _____	MH# _____
Authorization # _____	DOB _____
Provider Name _____	Provider Phone # _____
Fax# _____	

**Closing Date**

	<b>Reason(s) for Closing:</b>
	Client met therapy goals
	Client decided to terminate therapy
	Client failed to follow through with treatment
	Client's Insurance (no longer eligible)
	Client moved
	Client referred for higher level of services
	Other

Are you recommending other services? No \_\_\_ Yes \_\_\_  
 If yes, please identify needs:

Clinician Signature, License	Agency Name, if applicable	Date
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**Fax completed Assessment to Access Call Center: 650-596-8065**