

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

PROVIDER CLOSING SUMMARY		
Client Name	MH#	
Authorization #	DOB	
Provider Name	Provider Phone #	
Fax#		
Closing Date		
	Reason(s) for Closing:	
Client met therapy goals		
Client decided to terminate therapy		
Client failed to follow through with treatment		
Client's Insurance (no lo	nger eligible)	
Client moved		
Client referred for higher level of services		
Other		
Are you recommending other s	ervices? No. Ves	
If yes, please identify needs:	ervices: 1401es	
ii yee, piedee identiiy rieede.		
Cliniaian Cianatura Lianna	A goney Nome if anylinghis	Dete
Clinician Signature, License	Agency Name, if applicable	Date

BHRS Provider Closing Summary 6.23.17 http://www.smchealth.org/bhrs/contracts

Fax completed Assessment to Access Call Center: 650-596-8065