



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

**BHSD 6501 ALOC REPORT**

07/06/23

# PURPOSE OF THE REPORT

The **BHSD 6501 ALOC Report** captures the details of the client's Assessment and Level of Care Authorization (ALOC).



## Assessment and Level of Care Authorization (ALOC)

Client Name: [REDACTED]  
PATID: [REDACTED]  
DOB: 05/25/1977

Episode Number: 2  
Admission Date: 10/07/2022  
Data Entry By: Stephannie Tran

### A. Client Information

Assessment Date: 7/5/2023  
Assessment Type: Discharge  
Client Phone #: 371-541-6538  
Current/Referring Provider: FCS OP-1st Street  
Valid Payor Insurance: MediCal Full Scope  
Counselor Name: [REDACTED]  
Counselor Email: XXXXXXXXXX@XXXXXXXXXX.XXX  
Client Referral Source: FCS- IOP  
Diagnosis: na  
Severity: Severe  
Authorization for use or disclosure of protected health information: Yes  
Expires On: 11/23/2023

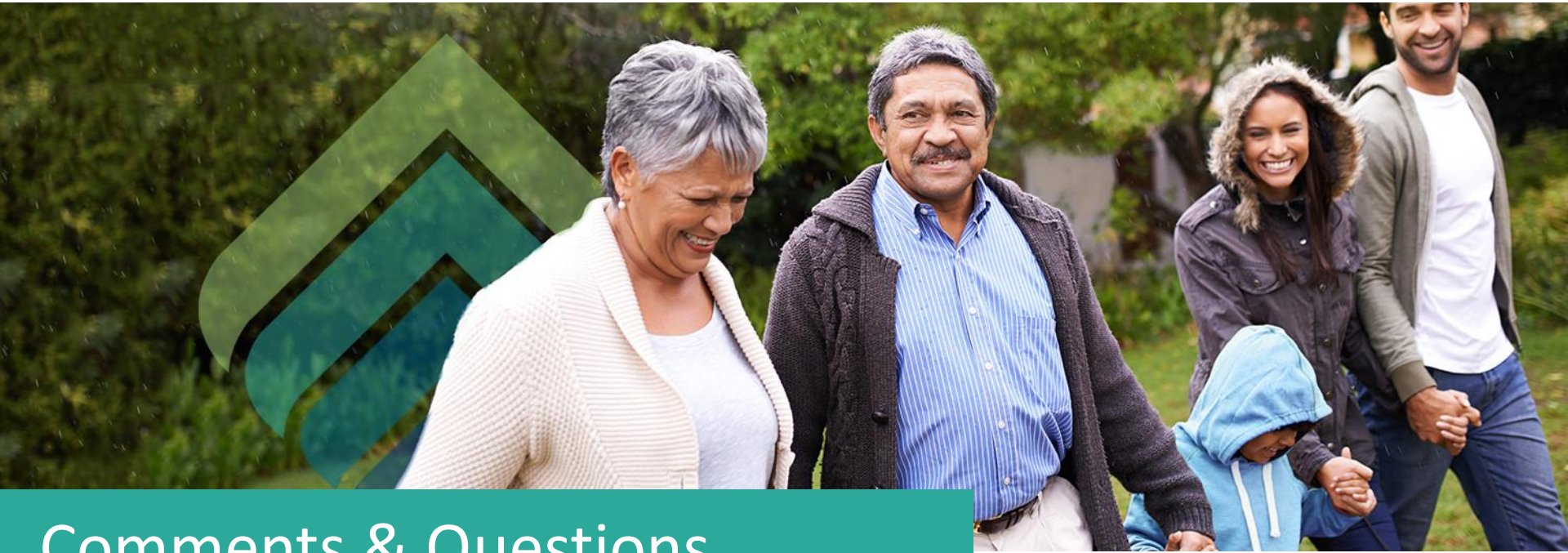
### B. Authorizations

Authorization section to complete (Only one needs to be completed): 3. Progress Report, Transfer or Other Reassess Documentation

#### 3. Progress Report, Transfer or Other Reassess Documentation

Progress Report, Transfer or Other Reassess Documentation: Discharge ALOC- No follow up services

Current LOC:



# Comments & Questions