



COUNTY OF SANTA CLARA
Behavioral Health Services

DISCHARGE

REV. 06/18/24

REVISIONS

Date	Slides	Revisions
06/06/2024	7-11	Updated images
08/22/2022	7	Added reference to <i>Type of Discharge Dictionary</i> supporting document
08/22/2022	10	Added Discharge Legal Class as a required section for MH programs

DISCHARGE

Purpose of Form:

Discharge a client from a treatment program.

After login click on **Search** and type discharge and select **Discharge**.


Q Discharge

[Advanced Client Search](#)

Here is what I found:

All 21 Clients 0 Staff 0 Forms 21

Forms

Undock	Name	Menu Option
	Discharge	/ Avatar PM / Client Management / Episode Management

After selecting the Discharge form, enter Client's name in the Search bar, and select client.

Select Client

Q Test, Steph

Client Name / Client ID	Gender	Date Of Birth	Social Security Number
TEST,STEPH (000002790)	Female	01/01/1990	

Select corresponding Episode

✓ Selected Client : TEST,STEPH (000002790)

Select Episode

Name: STEPH TEST
ID: 2790
Sex: Female
Date of Birth: 01/01/1990

Episode	Program	Start	End
1	DTN SMH OP -Wellness	12/08/2021	

DISCHARGE

Enter **Date of Discharge**. Length of Stay and Discharge Day of Week will auto populate but remain disabled.

Enter **Discharge Time, Type of Discharge, Discharge Practitioner**. Refer to *Type of Discharge Dictionary* supporting document for **Type of Discharge**.

DISCHARGE

Submit

Discharge

Demographics

- Client Demographics
- SOGI Required
- Alias
- Smoking Assessment
- Protection Assessment
- Pregnancy Assessment
- Agricultural Questions
- Military Service

CSI

- Sub-Section 1

OSHDP

- Online Documentation

Episode Number *

Date Of Discharge *

Discharge Day Of Week

Discharge Time *

Discharge Practitioner *

Length Of Stay

Type Of Discharge *

Discharge Remarks/Comments

Hospital Discharge Instructions

Discharge Client Living Arrangement

DISCHARGE

Additional Comments may be added in the **Discharge Remarks/Comments**.

Discharge Client Living Arrangement is required to be completed.

DISCHARGE

Submit

Discharge

- Demographics
 - Client Demographics
 - SOGI Required
 - Alias
 - Smoking Assessment
 - Protection Assessment
 - Pregnancy Assessment
 - Agricultural Questions
 - Military Service
- CSI
 - Sub-Section 1
- OSHPD
 - Online Documentation

Episode Number *

11

Discharge Practitioner *

Date Of Discharge *

T Y

Discharge Time *

Discharge Day Of Week

Length Of Stay

Discharge Remarks/Comments

Type Of Discharge *

Select

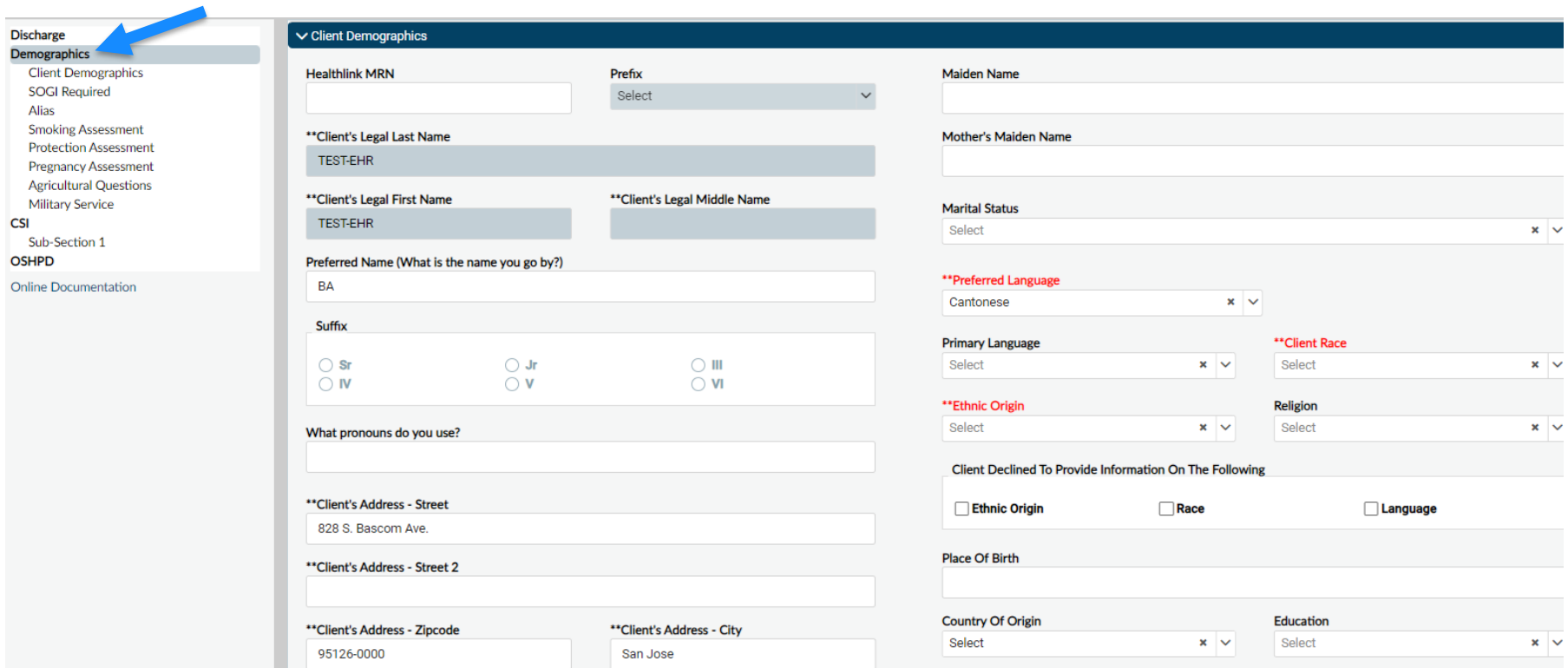
Hospital Discharge Instructions

Discharge Client Living Arrangement

Select

DEMOGRAPHICS

Demographic information will be auto-populated from the Admission or Update Client Data forms. Click on **Demographics** to update client information, if needed.



The screenshot shows a web application interface for updating client demographics. On the left is a sidebar menu with the following items: Discharge, Demographics (highlighted with a blue arrow), Client Demographics, SOGI Required, Alias, Smoking Assessment, Protection Assessment, Pregnancy Assessment, Agricultural Questions, Military Service, CSI, Sub-Section 1, OSHPD, and Online Documentation. The main content area is titled 'Client Demographics' and contains the following fields:

- Healthlink MRN: Text input field.
- Prefix: Dropdown menu with 'Select'.
- Maiden Name: Text input field.
- Mother's Maiden Name: Text input field.
- Marital Status: Dropdown menu with 'Select'.
- **Preferred Language: Dropdown menu with 'Cantonese' selected.
- Primary Language: Dropdown menu with 'Select'.
- **Client Race: Dropdown menu with 'Select'.
- **Ethnic Origin: Dropdown menu with 'Select'.
- Religion: Dropdown menu with 'Select'.
- Client Declined To Provide Information On The Following: Three checkboxes for 'Ethnic Origin', 'Race', and 'Language', all of which are unchecked.
- Place Of Birth: Text input field.
- Country Of Origin: Dropdown menu with 'Select'.
- Education: Dropdown menu with 'Select'.
- **Client's Legal Last Name: Text input field with 'TEST-EHR'.
- **Client's Legal First Name: Text input field with 'TEST-EHR'.
- **Client's Legal Middle Name: Text input field.
- Preferred Name (What is the name you go by?): Text input field with 'BA'.
- Suffix: Radio button options for Sr, Jr, III, IV, V, VI.
- What pronouns do you use?: Text input field.
- **Client's Address - Street: Text input field with '828 S. Bascom Ave.'.
- **Client's Address - Street 2: Text input field.
- **Client's Address - Zipcode: Text input field with '95126-0000'.
- **Client's Address - City: Text input field with 'San Jose'.

CLIENT SERVICES INFORMATION (CSI)

Complete Patient Status Code if applicable.

If client is in a MH program, **Discharge Legal Class** section must be completed.

The screenshot displays a software interface for client services. On the left is a navigation menu under the heading 'Discharge'. The menu items are: 'Demographics' (with sub-items: Client Demographics, SOGI Required, Alias, Smoking Assessment, Protection Assessment, Pregnancy Assessment, Agricultural Questions, Military Service), 'CSI' (highlighted with a blue arrow), 'OSHPD', and 'Online Documentation'. On the right is a form titled 'Sub-Section 1' with a dark blue header. It contains two dropdown menus: 'Patient Status Code' and 'Discharge Legal Class', both with 'Select' as the current value and a clear button (x) and a dropdown arrow (v).

OSHPD

OSHPD section will be disabled and does not need to be completed.

Discharge

Demographics

- Client Demographics
- SOGI Required
- Alias
- Smoking Assessment
- Protection Assessment
- Pregnancy Assessment
- Agricultural Questions
- Military Service

CSI

- Sub-Section 1
- OSHPD**
- Online Documentation

OSHPD Type Of Care

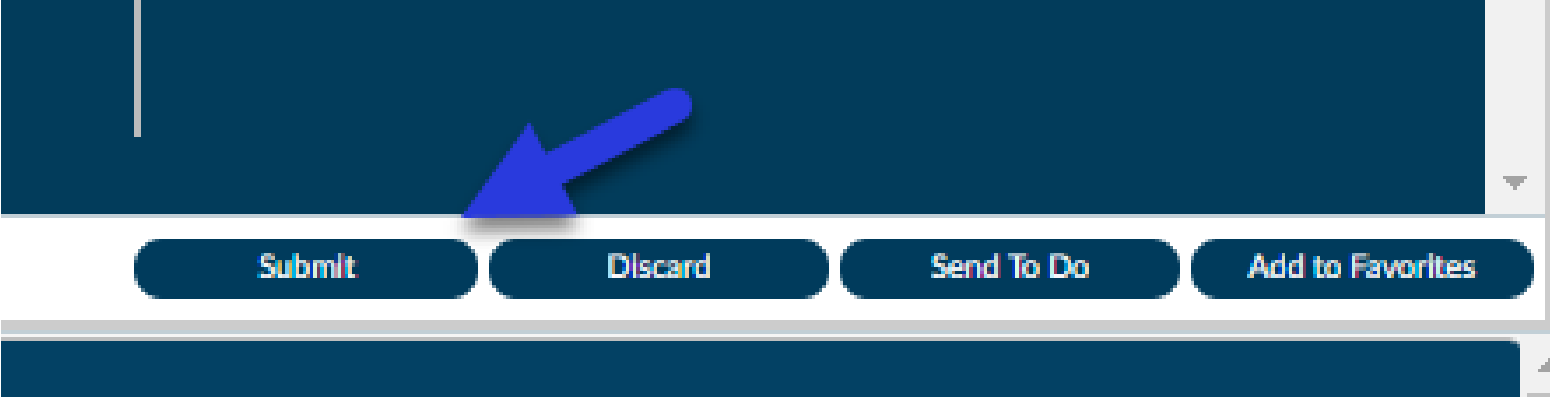
- Acute Care
- Skilled Nursing/Intermediate Care
- Psychiatric Care
- Chem Dependency Recovery Care
- Physical Rehabilitation Care

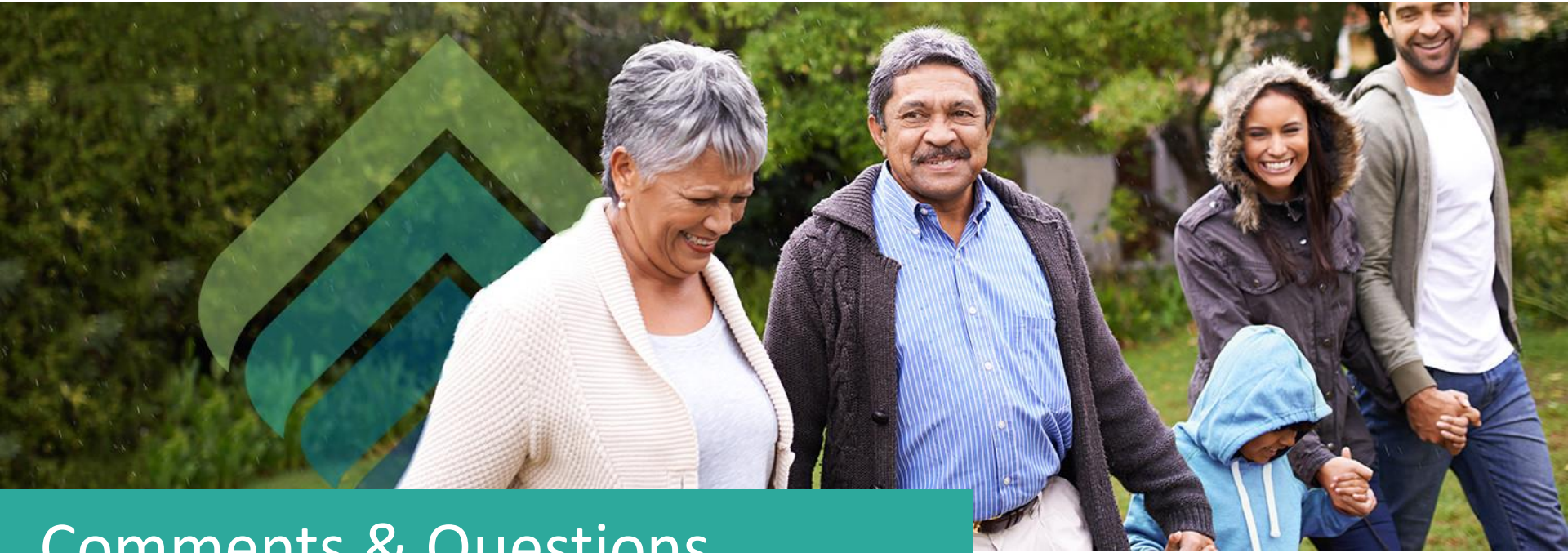
OSHPD Zip Code

Source Of Admission Point of Origin

- Non-Health Care Facility Point of Origin
- Clinic or Physician's Office
- Transfer from a Hospital (Different Facility)
- Transfer from a SNF, ICF, or Assisted Living Facility (ALF)
- Transfer from another Health Care Facility
- Court/Law Enforcement
- Information not Available
- Born Inside this Hospital
- Born Outside of this Hospital
- Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
- Transfer from Ambulatory Surgery Center
- Transfer from a Hospice Facility
- Transfer from a Designated Disaster Alternate Care Site

Click Submit to complete the process.





Comments & Questions