



SAN LUIS OBISPO COUNTY HEALTH AGENCY

BEHAVIORAL HEALTH

Health Information Unit

2178 Johnson Avenue
 San Luis Obispo, California 93401-4535
 805-781-4724 • FAX 805-781-4271

TARASOFF NOTIFICATION

TO:	FROM:																																	
<table border="1"> <thead> <tr> <th>Law Enforcement Office</th> <th>Fax #</th> <th>Phone #</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Arroyo Grande</td> <td>473-2198</td> <td>473-5100</td> </tr> <tr> <td><input type="checkbox"/> Atascadero</td> <td>461-3702</td> <td>461-5051</td> </tr> <tr> <td><input type="checkbox"/> Cal Poly Campus PD</td> <td>756-5051</td> <td>756-7410</td> </tr> <tr> <td><input type="checkbox"/> Grover Beach</td> <td>473-4517</td> <td>473-4511</td> </tr> <tr> <td><input type="checkbox"/> Morro Bay</td> <td>772-2224</td> <td>772-6225</td> </tr> <tr> <td><input type="checkbox"/> Paso Robles</td> <td>227-1013</td> <td>237-6464</td> </tr> <tr> <td><input type="checkbox"/> Pismo Beach</td> <td>773-3505</td> <td>773-2208</td> </tr> <tr> <td><input type="checkbox"/> San Luis Obispo PD</td> <td>543-8108</td> <td>781-7312</td> </tr> <tr> <td><input type="checkbox"/> San Luis Obispo Sheriff</td> <td>781-1234</td> <td>781-4550</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>	Law Enforcement Office	Fax #	Phone #	<input type="checkbox"/> Arroyo Grande	473-2198	473-5100	<input type="checkbox"/> Atascadero	461-3702	461-5051	<input type="checkbox"/> Cal Poly Campus PD	756-5051	756-7410	<input type="checkbox"/> Grover Beach	473-4517	473-4511	<input type="checkbox"/> Morro Bay	772-2224	772-6225	<input type="checkbox"/> Paso Robles	227-1013	237-6464	<input type="checkbox"/> Pismo Beach	773-3505	773-2208	<input type="checkbox"/> San Luis Obispo PD	543-8108	781-7312	<input type="checkbox"/> San Luis Obispo Sheriff	781-1234	781-4550	<input type="checkbox"/>			_____ NAME: _____ PAGES: _____ DATE: _____ TIME: _____ RE: <u>Tarasoff Warning & Notification</u> PATIENT: _____
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This is a written follow up to the verbal Tarasoff Warning given to:

(Officer / Deputy)	Badge #	Report #
(circle one)	(name)	
On	at	AM / PM BY
(date)	(time)	(circle) staff member giving report (please print)

Person making threat:	Patient ID #
Residing at:	Phone #
Threats made:	
Intended Victim:	Email:
Residing at:	Phone #

Intended victim notified by (phone / in person)?	YES / NO	If yes: Date/Time	_____
(circle one)			
Email letter sent to the intended victim?	YES / NO	If yes: Date/Time	_____
Certified letter mailed to intended victim?	YES / NO	Copy of the letter attached?	YES / NO
If intended victim has not been notified please explain why: _____			

Additional notes: _____

CONFIDENTIAL PATIENT INFORMATION - NOT TO BE FORWARDED

This information has been disclosed to you from records that are **confidential** and protected by **state confidentiality law** that protects mental health records (See California Welfare and Institutions Code Section 5328). Information subject to release in accordance with Federal Privacy Act of 1974 (Public Law 93-597). This information has been disclosed to you from records protected by **Federal confidentiality rules** (42 CFR, Part 2, Section 2.32). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.