



SAN LUIS OBISPO COUNTY HEALTH AGENCY

BEHAVIORAL HEALTH
Mental Health Evaluation Team
 2178 Johnson Avenue
 San Luis Obispo, California 93401-4535
 805-781-4700 • FAX 805-781-1272

TARASOFF NOTIFICATION

TO:	FROM: Mental Health Evaluation Team																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Law Enforcement Office</th> <th style="width: 20%;">Fax #</th> <th style="width: 20%;">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> <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"/>			<input type="checkbox"/>			NAME: _____ PAGES: _____ DATE: _____ TIME: _____ RE: Tarasoff Warning & Notification 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:	Phone #
Residing at:	Email

Intended victim notified by (phone / in person)?	YES / NO	If yes: Date/Time _____
<small>(circle one)</small>		
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: _____