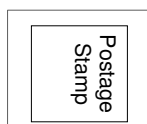


San Joaquin County Behavioral Health Services
Quality Improvement & Compliance Office
1212 North California Street
Stockton, CA 95202



Return Address:

Fold Line

Client Rights

You have the right to:

- Request services in your preferred language and receive free interpreting services.
- Request a change of provider or second opinion
- File a grievance or appeal (you are not subject to discrimination or penalty for filing a grievance or an appeal).
- Review your case file or records before and during the appeal process
- Authorize another person to act on your behalf.
- Request a State Fair Hearing, if you are a Medi-Cal beneficiary by calling or writing to:

**State Fair Hearing Division
California Department of Social
Services
PO Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430**

**Telephone: 1-800-952-5253
Or TDD: 1-800-952-8349
(for Hearing Impaired)**

If you have Medi-Cal you have the right to request a State Fair Hearing after the appeal process has been completed.

San Joaquin County Behavioral Health Services will ensure that services are continued while an appeal or State Fair Hearing is pending.

San Joaquin County Behavioral Health Services Grievance Form

Please include your name, address, and phone number where you can be reached or a message can be left for you about your grievance.

Contact one of the Advocates listed inside this form if:

- You need immediate help, or want to talk to someone about a problem,
- This grievance is not resolved to your satisfaction.

To mail this grievance, put a stamp on it, fold it, and mail it to the address printed on the other side.

You may also put this form in the suggestion box in the lobby of any clinic at San Joaquin County Behavioral Health Services. If you prefer, you can just give the form to any San Joaquin County Behavioral Health Services staff member, who will give it to the Quality Improvement & Compliance Office to process.

San Joaquin County Behavioral Health Services Grievance Form

Grievance Form
English_01/15.Pub

Grievance:

If you are dissatisfied with the mental health services that you receive at a San Joaquin County Behavioral Health Services clinic, we encourage you to talk to any mental health staff member so the issue can be resolved as soon as possible. If, however, you prefer, or if the matter can not be settled by talking with staff, you may file a written grievance on this form.

A grievance can be about any matter other than changes, reduction or denial of services. For those issues, you may file a Standard or Expedited Appeal. These forms are available at any San Joaquin County Behavioral Health Services clinic.

Please write the subject of your grievance below:



Please leave a number or address where you may be contacted.

Name:			
<hr/>			
Phone:	Message Phone?		Yes No
<hr/>			
Address (optional):			
<hr/>		<hr/>	
City	(State)	(ZIP Code)	

*To mail, fold this form so our return address is visible.

For reasons of confidentiality, close and fasten with a small piece of clear tape. Add a postage stamp.

Log entry # _____

Date: _____

For more information, you can call a number below:

♦ **Consumer Support Warm Line**
(209) 468-3585

♦ **Patient's Rights Advocate**
(all ages)
Telephone: (209) 468-8676
Fax: (209) 468-2399

♦ **Family Advocate**
(209) 401-6087

♦ **Consumer Outreach Coordinator and
Consumer Advisory Council (CAC)**
(209) 468-3498

♦ **Parent Partners
(Children And Youth Services)**
(209) 468-2241 or
(209) 468-3690

♦ **Southeast Asian Languages**
(Cambodian, Hmong, Khmu, Laotian, and
Vietnamese languages)
(209) 953-8843

♦ **Problem Resolution Line**
(209) 468-9393 in Stockton
(866) 468-9393 outside of Stockton

**San Joaquin County
Behavioral Health Services
1212 North California Street
Stockton, CA 95202**