



Mendocino County Health and Human Services Agency

"Healthy People, Healthy Communities"

Tammy Chandler ♦ Director



Behavioral Health and Recovery Services

Providing Mental Health Services

Jenine Miller Psy.D. ♦ Director

Ukiah Offices: 1120 S. Dora St. • Ukiah • CA • 95482 • (707) 472-2300 • FAX (707) 463-6868

Fort Bragg Offices: Avila Center • 790-B S. Franklin St. • Fort Bragg • CA • 95437 • (707) 964-4747 • FAX (707) 961-2698

Willits Integrated Services Center: 474 E. Valley Street • Willits • CA • 95490 • (707) 456-3850 • FAX (707) 456-3808

GRIEVANCE / APPEAL / EXPEDITED APPEAL REQUEST

Remember, we encourage you to discuss any complaints or issues about your Mental Health services with your Service Provider. You may file a Grievance, Appeal or Expedited Appeal by completing this form and mailing it to: Quality Assurance/ Quality Improvement (QA/QI), 1120 S. Dora St., Ukiah CA 95482, or calling the Grievance line 707-472-2309. This form can be faxed to: 707-463-6868

For questions/assistance on how to file or fill out this Grievance/Appeal/Expedited Appeal form, you can contact your service provider or the Patient's Rights Advocate (PRA) at 707-463-4614.

I wish to file: Grievance Yes No Appeal Yes No

Check here if you are requesting that your appeal request be processed through the Expedited Appeals Process. Please explain why you need an Expedited Appeal: _____

Your Name:	
Your Date of Birth:	
Your Phone Number:	
Your Address:	
Current Provider:	

DESCRIBE THE GRIEVANCE/APPEAL/EXPEDITED APPEAL
(Please include dates and names, if possible; use additional pages if necessary)

What would you like the solution to be?

Whom have you talked to about the problem?

PLEASE READ AND SIGN BELOW

You may authorize another person to act on your behalf and this representative may use the Grievance/Appeal/Expedited Appeal process if requested by you. The Patient’s Rights Advocate or any staff person can assist you throughout the Grievance/Appeal/Expedited Appeal process and keep you informed of the status of your Grievance/Appeal/Expedited Appeal. The Mental Health Plan (MHP) will ensure that you are not subject to any discrimination or penalty for filing a Grievance/Appeal/Expedited Appeal. You may examine your case file at any time, including medical records and any other documents and records considered during the Grievance/Appeal/Expedited Appeal process.

If you need further information regarding the Grievance/Appeal/Expedited Appeal process, please call QA/QI at 707-472-2360 or the PRA at 707-463-4614.

For the purpose of resolving this Grievance/Appeal/Expedited Appeal, I authorize the following person to act on my behalf. (Please write N/A if you will not have anyone acting in your behalf):

Name and phone number of representative:	
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I also understand that the Quality Improvement Representative (or designee) will be authorized to contact my representative (as named above) and any involved provider in order to resolve my Grievance/Appeal/Expedited Appeal. The QA/QI representative will also be authorized to discuss information needed to evaluate and resolve this Grievance/Appeal/Expedited Appeal. If a representative is assigned, a Release of Information (ROI) is required.

Signature

Date

When you have completed, signed and dated this form please mail (or fax 707-463-6868) to:
QUALITY IMPROVEMENT, 1120 S. DORA STREET, UKIAH CA 95482