

Your request for a change of provider, including culturally specific providers will be reviewed by the QAPI Clinical Manager and be given serious consideration. You can expect a response within ten (10) working days.

How Do I Find A Provider For The Specialty Mental Health Services I Need?

The MHP may put some limits on your choice of providers. The MHP must give you a chance to choose between at least two providers when you first start services, unless the MHP has a good reason why it can't provide a choice (for example, there is only one provider who can deliver the service you need).

The MHP must also allow you to change providers. When you ask to change providers, the MHP must allow you to choose between at least two providers, unless there is a good reason not to do so.

Questions and Concerns

Consumers are encouraged to discuss their mental health services with their clinician or other service provider.

How Do I Get A Copy Of The "Provider List"?

You may get a list of providers by request at any MHP clinic, by calling toll-free (800) 555-5906, or by writing to the QAPI Program.

To request a change of provider complete the request form included with this brochure and give it to the receptionist or bring it or mail it to:

**Mendocino County Mental Health Plan
Quality Assessment & Performance
Improvement Program (QAPI)
1120 South Dora Street
Ukiah, CA 95482**

For assistance completing this form you may contact the:

**Patient's Rights Advocate
(707) 463-4614**

Mendocino County Mental Health Plan (MHP) offers free Language Line, interpreter assistance, American Sign Language, and California Relay Services (TTY/TDD) for beneficiaries requesting or accessing services.

These services may be requested at any Mental Health Plan Provider site or by calling 1-800-555-5906.

(Revised 12/5/2018)

Health & Human Services Agency Behavioral Health & Recovery Services Mental Health Plan



Request for Change of Provider

**Mental Health Plan 24 hour Access Line
1-800-555-5906 (Toll Free)**

This form is available in large print and audio. Please see the receptionist or call 1-800-555-5906.

Sí Usted Habla Español. Esta información está disponible en español, por favor vea la recepcionista o llame 1-800-555-5906

What If I Want To Change Doctors, Therapists Or Clinics?

You may obtain a formal request for a change of provider at any Mental Health Outpatient Clinic. Whenever possible the Mendocino County Mental Health Plan (MHP) will, at the request of the client, allow for a change of provider. The MHP may limit the choice to a contract provider with the MHP or Mendocino County Mental Health.

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-555-5906 (TTY: 1-800-735-2929).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-555-5906 (TTY: 1-800-735-2929).

繁體中文(Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-555-5906 (TTY : 1-800-735-2929)。

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-555-5906 (TTY: 1-800-735-2929).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-555-5906 (TTY: 1-800-735-2929) 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-555-5906 (TTY: 1-800-735-2929).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-555-5906 (телетайп: 1-800-735-2929).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما (1-800-555-5906) (TTY: 1-800-735-2929) تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-555-5906 (TTY:1-800-735-2929) まで、お電話にてご連絡ください。

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-555-5906 (TTY: 1-800-735-2929) पर कॉल करें।

Հայերեն (Armenian)

Ուշադրություն: Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական օգնություններ: Չանգահարեք 1-800-555-5906 (TTY (հեռատիպ)՝ 1-800-735-2929):

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-555-5906 (TTY: 1-800-735-2929).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ 1-800-555-5906 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ

العربية (Arabic)

فإن اللغة، اذكرت تحدثك إذا ملحوظة. بالمجان لك توافر ال لغوية المساعدة خدمات هلتف رقم) 1-800-555-5906 ب رقم اتصل وال بكم الصم (TTY: 1-800-735-2929)

ภาษาไทย (Thai)

เรียน:

ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-555-5906 (TTY: 1-800-735-2929).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អ សើ ិនជាអ្នកនិយាយ ភាសាខ្មែរ, រសវាជំនួយមននកភាសា រោយមិនគិត ូន គឺអាចមានសំរាប់ ំអ អុើ នក។ ូន ូន សំពូ 1-800-555-5906 (TTY: 1-800-735-2929)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-555-5906 (TTY: 1-800-735-2929).

**Health and Human Services Agency
Behavioral Health and Recovery Services**



REQUEST FOR A CHANGE OF PROVIDER

DATE: _____

TO: Mental Health Quality Assessment & Performance Improvement Program
(QAPI), 1120 South Dora Street, Ukiah, CA 95482

FROM: _____
(Client Name)

(Parent or Guardian, if request is by or for child or youth)

I request a change of provider for the following reason(s):

My current clinician is: _____

- CHECK ONE:** I have discussed my concerns with this clinician
 I have not discussed my concerns with this clinician

I understand that serious consideration will be given to this request and that I can expect a response within ten (10) working days.

RESPONSE TO ME BY TELEPHONE: _____
(Telephone Number)

RESPONSE TO ME BY MAIL: _____
(Street Address)

(City, State, Zip Code)