

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 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:

Fold Line

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.

Return Address:

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

Postage
Stamp

San Joaquin County
Behavioral Health Services
Standard Appeal

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

Contact one of the Advocates listed inside this form if:

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

To mail this Standard Appeal Form, 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 Assessment & Performance Improvement Office to process.

San Joaquin County
Behavioral Health Services

Standard Appeal Form
English_01/18_Pub

Standard Appeal

If you don't agree with changes to your treatment, a reduction in your services, or a denial of any services at San Joaquin County Behavioral Health Services, we encourage you to discuss the reason and the alternatives with the Grievance Coordinator

Write below what services have been changed, reduced, or denied, and why you don't agree with the decision:

If you choose, you have the right to file a Standard Appeal. This completed form will be given to the Grievance Coordinator who will contact you with a resolution within 30 calendar days. At any time before, during, or after the appeal process has begun, you have the right to file for a fair hearing with the California Department of Health Services.

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

Name:			
Phone:		Message Phone?	Yes No
Address (optional):			
	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
(209) 953-5601

◆ 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

San Joaquin County Behavioral Health Services (SJBHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (209) 468-9370.
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 (209) 468-9370.
ខ្មែរ (Cambodian/Khmer)	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរទូរស័ព្ទ (209) 468-9370.