

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 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
Quality Improvement & Compliance Office
1212 N. California Street
Stockton, California 95202

Postage
Stamp

**San Joaquin County
Behavioral Health Services**

Suggestion, Comment or Compliment Form

Tell us... What can we do better?



WE WOULD

**LIKE TO KNOW YOUR NAME... BUT
IT'S NOT REQUIRED**

If you would like someone to contact you regarding your suggestion, please include your name, address, and phone number where you can be reached or a message can be left for you.

Contact one of the Advocates listed inside this brochure if:

- You need immediate help, or want to talk to someone about a problem
- You wonder if your concern is serious enough to file a grievance

To send us a suggestion, comment or compliment, fill out this form, put a stamp on it, and mail it to:
**Quality Improvement & Compliance Office
1212 N. California Street
Stockton, CA 95202**

**Quality Improvement & Compliance Office
will forward this form to the
Consumer Advisory Council (CAC), who
will read your suggestion or comment
and contact you if needed.**

Suggestion , Comment or Compliment Form
English_01/15.Pub

