



San Mateo County Mental Health Services Division

## RESPONSE TO REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Date \_\_\_\_\_

Address \_\_\_\_\_

Dear \_\_\_\_\_:

We received your request for an accounting of disclosures dated \_\_\_\_\_.

- We need more time to process your request. We will send you an accounting of disclosures by \_\_\_\_\_
- You did not provide all the information we needed on your form. Please complete the form and return it to us.
- You have already received one free accounting of disclosures within the last 12 months. Additional accountings cost \$\_\_\_\_\_. Please send a check for this amount, made payable to San Mateo County Mental Health Services, to Mental Health Services, 225 37<sup>th</sup> Avenue, San Mateo, CA 94403, or bring it to the location where you receive mental health services.
- Other \_\_\_\_\_

Please include the enclosed form (Request for Accounting of Disclosures) with your check.

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at [www.co.sanmateo.ca.us](http://www.co.sanmateo.ca.us), or at the location where you are treated OR by sending a written request to Mental Health Services at 225 37<sup>th</sup> Avenue, San Mateo, CA, 94403.

If you believe your privacy rights have been violated, you may file a complaint with Mental Health or with the Secretary of the Department of Health and Human Services. To file a complaint with Mental Health, contact the Patients' Rights Advocate at 800-686-0101. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Sincerely,

\_\_\_\_\_  
Mental Health Representative