



San Mateo County Health System
Behavioral Health and Recovery Services

Change of Provider Request Form

As a client/consumer of BHRS, you are encouraged to discuss any problems or concerns related to your treatment directly with your provider (case manager, therapist, social worker, nurse or physician/psychiatrist) or with the Unit Chief or Supervisor of the facility where you receive services. If you remain dissatisfied, you have the right to request a change of provider and/or to file a grievance. The Office of Consumer and Family Affairs (OCFA) is available to assist you with requesting a change of service provider or filing a grievance. Contact the OCFA at 1.800.388.5189.

To Request a Change of Provider

1. Complete this form and submit it to any staff member; he/she will forward it to the Unit Chief or Supervisor.
2. The Unit Chief or Supervisor will review your request, make every effort to accommodate it and respond to you within ten working days.

To File a Grievance

Do **NOT** use this form. Instead, contact the OCFA directly **OR** complete the Problem Resolution Request Form, found in the "Consumer Rights and Problem Resolution" brochure, available in each clinic's lobby or program's public area.

Client/consumer name _____

If client is a minor, name of parent or guardian _____

Phone number(s) _____

Street address _____

City/State/Zip _____

Name of current provider _____

OPTIONAL - Reason for requesting a change of service provider:

I have discussed these concerns with my service provider: Yes No

Signature _____ Date _____