#### This brochure contains:

- A partial list of Consumer Rights.
- A brief description of the San Mateo County Behavioral Health and Recovery Services problem resolution process.
- A form you can complete in order to file a grievance.

For assistance with the problem resolution process or in filing an appeal, please call:

Office of Consumer and Family Affairs

Phone: 800.388.5189 FAX: 650.573.2934

**Quality Management** Phone: 650.573.3431 Fax: 650.525.1762

San Mateo County Behavioral Health and Recovery Services 1950 Alameda de las Pulgas, Suite 155 San Mateo, CA 94403

San Mateo, 1950 Alameda de las Pulgas, Suite 155 Office of Consumer and Family Affairs . လ 94403

**Consumer Rights** 

As a consumer of San Mateo County Behavioral Health and Recovery Services, you are entitled to:

- Receive timely access to services.
- Be treated with dignity, respect and the utmost consideration for your privacy.
- Receive information about treatment options and alternatives, presented in a language you can understand.
- Participate in decisions regarding your health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Receive a copy of your medical records upon request (costs may apply) and ask that they be amended or corrected, unless precluded by HIPAA regulations.
- Obtain a list of individual providers, community agencies, and county clinics in your service area, including names, locations, telephone numbers, non-English languages spoken, and identification of those not accepting new clients. This list can be obtained by calling the Access Team at **800.686.0101**.
- Request to change your provider, a second opinion, or a change in level of care.
- File a grievance, appeal, or a request for a State Fair Hearing without retaliation.

For a complete list of Consumer Rights, call the Office of Consumer and Family Affairs or visit www.smchealth.org/BHRS/OCFA.

SAN MATEO COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

# Consumer Rights and **Problem** Resolution

For Mental Health Services and **Alcohol and Other Drug Services** 

San Mateo County Behavioral Health and Recovery Services clients/consumers have rights, including the right to report problems and be heard about the services they receive.

Office of Consumer and Family Affairs Phone: 800.388.5189 FAX: 650.573.2934 www.smchealth.org/BHRS/OCFA



Behavioral Health and Recovery Services Office of Consumer and Family Affairs 1950 Alameda de las Pulgas, Suite 155 San Mateo, CA 94403 Phone: 800.388.5189 FAX: 650.573.2934 www.smchealth.org/BHRS/OCFA

# Behavioral Health and Recovery Services Problem Resolution Process

San Mateo County is committed to finding proactive and timely solutions to the problems and concerns you may encounter in your interactions with the County Behavioral Health and Recovery Services (BHRS). Clients/Consumers will **not** be subjected to discrimination, intimidation or any other retaliation for expressing concerns, filing a grievance or appeal.

Grievances and appeals can be filed by submitting an oral or written description of the issue to the Office of Consumer and Family Affairs (OCFA) or to the Quality Manager. You will have the opportunity to present information at any time during the resolution process. You may use the form in this brochure for your convenience.

## Filing a Grievance

As a consumer of Behavioral Health and Recovery Services, you are encouraged to discuss directly with your provider any issues or problems concerning your treatment. However, if you remain dissatisfied with the services you receive, you have the right to file a grievance.

The OCFA will document, investigate, and coordinate the response to your grievance. A resolution will be reached no later than 60 **calendar** days following the receipt of the grievance. If you are not satisfied with the resolution, the County may choose to do a final review of the matter.

Information provided regarding this issue will not become part of your medical record. It will remain at the Office of Consumer and Family Affairs or Quality Management and will only be shared with other Behavioral Health and Recovery Services staff on a need-to-know basis in order to resolve this problem.

#### Filing an Appeal

If the County denies or modifies a service that your provider requested, you may file an appeal. Appeals can be filed orally or in writing, but an oral appeal must be followed by a written request. Appeals are addressed promptly but at least within 45 calendar days.

Detach here, fold, seal and return this form

### **Expedited Appeal**

If a client and/or a client's provider decides that a standard appeal resolution could seriously jeopardize the client's life, health or ability to attain, maintain, or regain maximum function, an expedited appeal may be requested and granted. Expedited appeal decisions will be resolved and affected parties will be notified in writing, no later than three (3) working days.

# Filing a State Fair Hearing (SFH)

If you are dissatisfied with the County's response to an appeal or received a Notice of Action, you may file for a SFH after exhausting San Mateo County's internal problem resolution process. If you file for a SFH within 10 **calendar** days of receipt of a Notice of Action, your existing level of services may be maintained pending the outcome of the hearing.

Behavioral Health and Recovery Services Problem Resolution Request Form  Client/Consumer Name	Type of Request: (check one)  Grievance Appeal Expedited Appeal (3 days)  Describe the Problem or Concern:
Address	
City/State/Zip	
Phone	
Current Doctor	
Case Manager	
I understand that there will be no retaliation or discrimination as a result of filing a grievance, appeal or State Fair Hearing.	
Signature	
Date	
OPTIONAL I authorize the following person to act on my behalf in pursuing this grievance or appeal Name	
Relationship to Client/Consumer	
Date of Notice of Action, if applicable	

MAIL TO: OCFA · 1950 Alameda de las Pulgas, Suite 155 · San Mateo, CA 94403, or FAX TO: 650.573.2934