

Alcohol/Drug Treatment Clients

Any client receiving alcohol and drug treatment services may file a complaint with the BHRS Office of Consumer and Family Affairs (see contact info below).

Medi-Cal Beneficiaries may file a complaint directly with:

Department of Health Care Services

P.O. Box 997413

Sacramento, CA 95899-7413

Or call (916) 322-2911

Clients not covered by Medi-Cal may also file a complaint by calling the Department of Health Care Services SUD Compliance Division at (877) 685-8333 or (916) 323-0210.

Visit www.bit.ly/consumer_forms to view a complete list of rights for individuals receiving services from residential alcohol or drug abuse treatment facilities.

Provider Network Clients

Clients / Consumers receiving services from a provider in the network, such as a therapist in the community, may file grievances by contacting the Health Plan of San Mateo at (888) 576-7227.

Need Help?

For assistance with any BHRS service:

Office of Consumer and Family Affairs

1950 Alameda de las Pulgas, Suite 155

San Mateo, CA 94403

(800) 388-5189 | FAX (650) 573-2934

www.smchealth.org/OCFA

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

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

Place stamp
here. Post
office will not
deliver without
First Class
postage.

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 (fees 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 Call Center at (800) 686-0101.
- Request a change of provider, a second opinion, or a change in level of care.
- File a grievance, appeal, or request a State Fair Hearing without retaliation.

For a complete list of Consumer Rights, visit the Office of Consumer and Family Affairs at www.smchealth.org/OCFA or call (800) 388-5189.

Consumer Rights & Problem Resolution



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



COUNTY OF SAN MATEO
HEALTH SYSTEM

BEHAVIORAL HEALTH
& RECOVERY SERVICES

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

BHRS is committed to finding solutions to problems or concerns you may have with your services.

You are encouraged to discuss issues or problems concerning your treatment with your provider first. If you are still not satisfied with your services, you have the right to file a grievance. **There will be no retaliation or discrimination for expressing a concern or filing a grievance.**



How to File a Grievance

Contact the BHRS Office of Consumer and Family Affairs (OCFA):

- Call (800) 388-5189
- Complete and mail/fax the attached form
- Send the OCFA a letter
- Call the BHRS ACCESS Call Center at (800) 686-0101

BHRS will investigate your concern and reach a resolution, in most cases within 30 days, and no later than 60 days. You may share additional information any time.

If you are not satisfied with the resolution you may request a review. Federal and State agencies require BHRS to provide a summary and results of grievances.

Grievance information will not become part of your medical record and will only be shared with staff as needed to resolve the concern.

Filing an Appeal

You may file an appeal if BHRS denies or modifies a service that your provider requested. Appeals must be submitted in writing to the OCFA. Appeals are addressed within 45 days. Under certain circumstances expedited appeals may be granted.

Expedited Appeals

An expedited appeal may be requested and granted if you or your provider believe that your situation cannot wait due to a serious life or health condition. BHRS will notify you of the decision in writing within 3 working days.

Filing a State Fair Hearing

If you are not satisfied with the BHRS response to an appeal or received a Notice of Action, you may request a State Fair Hearing by calling (800) 952-5253. Your current services will continue until a decision is reached.

BHRS PROBLEM RESOLUTION REQUEST FORM

Client / Consumer Name

Date of Birth

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)

TYPE OF REQUEST (check one)

Grievance Appeal Expedited Appeal (3 days)

Describe the problem or concern:

✂ Detach, fold, seal and return this form.