



**SAN MATEO COUNTY HEALTH**  
**BEHAVIORAL HEALTH**  
**& RECOVERY SERVICES**

**ACKNOWLEDGMENT OF NOTIFICATION/NOTICE OF NON-RESPONSIBILITY\***

To Whom it May Concern:

This is to acknowledge notification of a psychiatric admission at \_\_\_\_\_ (Hospital) for the following patient:

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

This is to provide **NOTICE OF NON-RESPONSIBILITY:**

The patient that you notified us about is:

- Not on Medi-Cal in San Mateo County but appears to be on Medi-Cal in \_\_\_\_\_ County. You must notify the county of the admission.
- Not known to San Mateo County and/or is not a resident of San Mateo County but appears to be a resident of \_\_\_\_\_ County. You must notify the county of the admission.

**(Signature of PES Nurse)** \_\_\_\_\_ **(Date)** \_\_\_\_\_

**San Mateo County Psychiatric Emergency Services (PES):**

**Phone:** (650) 573-2662 **Fax:** (650) 573-2489

\* San Mateo County can assist with identifying the responsible county, but such assistance does not represent that San Mateo County accepts payment responsibility for this patient. If the County of Responsibility refuses payment, the admitting facility can appeal to the County of Responsibility and to the State of California.