

WHY REQUEST A CHANGE IN SERVICE PROVIDERS?

Shasta County tries to do its best in working with clients and providers, but understands that sometimes things do not work out as planned.

You may choose to request a change in providers if you are unhappy with the mental health services that you currently receive from your personal service coordinator or clinician. You are not required to complete this form for a change of doctor or nurse. Simply notify a scheduler of this request.

HOW TO FILE A REQUEST

You may choose to file your request orally or in writing. If you choose to file an oral request, please contact Managed Care at 245-6750 or toll free at 1-888-385-5201. If you choose to file a written request, please complete this postage-paid form. You may mail the completed form to the address on front or place it in the grievance box at the front lobby of Shasta County Mental Health.

For questions, or the status of your request, contact Managed Care at 245-6750 or toll free at 1-888-385-5201. TTY users, call 530-245-6979, California Relay Service, call 711 or 800-735-2922.

REQUEST FOR CHANGE IN SERVICE PROVIDERS FORM

You may request a staff person or other individual to assist you with the request process. You may choose to have another person act on your behalf. By filing a request, you will NOT be subject to discrimination or any other penalty.

Date: _____ **Site:** _____

Name: _____ **Birth Date:** _____

Name of parent/guardian if request is for a child: _____

Address: _____

Telephone (home): _____ **(work)** _____

Primary Language Spoken: _____

Name of current clinician or personal service coordinator:

Describe why you would like to request a new clinician or personal service coordinator:

Have you discussed these concerns with your current clinician or personal service coordinator? (Check one) Yes _____ **No** _____

Signature: _____

WHAT HAPPENS TO YOUR REQUEST?

When you request a change in service providers, serious consideration will be given to your request. You will receive a written or verbal response within ten working days of the date that your request was received.

Shasta County does not discriminate on the basis of disability. Our ADA coordinator may be reached at 530-225-5515; relay services 800-735-2922; fax 530-225-5345.



Shasta County Mental Health Plan
Attn: Shasta County Authorization
Management Program
P.O. Box 496048
Redding, CA 96049-6048

SHASTA COUNTY HEALTH AND
HUMAN SERVICES AGENCY
Mental Health, Alcohol and Drug
Department
www.shastamenttalhealth.net
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Change of Provider Request

*If you are unsatisfied
with your service
provider, we can help.*

**For assistance call
(530) 245-6750**