Behavioral Health Department
Alameda County Health

Karyn Tribble, PsyD, LCSW
Director

Letter of Acknowledgment Grievance

Date

Name
Address
Address

Dear Click or tap here to enter text.

This letter is to acknowledge receipt of your grievance on (date) regarding services you received from (name provider). With the information you have provided we will investigate your grievance and inform you of a final decision within 90 days. During this time you may provide additional verbal or written supporting documentation. I may also need to contact you to gather additional information. For hearing and speaking assistance, please call 711 for California Relay Service. We can also arrange for an interpreter if you need one.

In order to carry out the investigation, you have been asked to consent to a limited release of confidential information. You have provided that consent *[verbally to me on xx/xx/xxxx but not in writing, therefore a Release of Information form is enclosed for you to complete and return to me.]*

You may authorize another person to act on your behalf. Non-network beneficiary representatives must complete a signed release of information form prior to Behavioral Health Care Services sharing any information.

The Code of Federal Regulations (CFR) Section 438.408 (b) and (c) allows for the initial timeframe of 90 days to be extended by up to 14 days if you request an extension or if the BHP determines there is a need for additional information and that the delay is in your best interest.
You will not be subject to any discrimination or any other penalty for filing a grievance.

If you have any questions regarding this process, please contact me at **(phone number).**

Sincerely,

Behavioral Health

Staff Name
Contact Information