

# **Informing Materials Packet**

## **Alameda County Behavioral Health Department (ACBHD)**

Your guide to service consents and rights and responsibilities under the  
Alameda County Health Behavioral Health Plan

ACBHD Quality Assurance (QA) Office  
[QAOffice@acgov.org](mailto:QAOffice@acgov.org)  
Revised April 2025

### **English**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Please contact your established provider directly or to inquire about services call ACBHD ACCESS at 1-800-491-9099 (TTY: 711).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Please contact your established provider directly or to inquire about services call ACBHD ACCESS at 1-800-491-9099 (TTY: 711).

### **Español (Spanish)**

ATENCIÓN: Si habla otro idioma, podrá acceder a servicios de asistencia lingüística sin cargo.

Comuníquese directamente con su proveedor establecido o, si desea preguntar por los servicios, llame a ACBHD ACCESS al 1-800-491-9099 (TTY: 711).

ATENCIÓN: Los servicios y recursos auxiliares, incluidos, entre otros, los documentos con letra grande y formatos alternativos, están disponibles sin cargo y a pedido. Comuníquese directamente con su proveedor establecido o, si desea preguntar por los servicios, llame a ACBHD ACCESS al 1-800-491-9099 (TTY: 711).

### **Tiếng Việt (Vietnamese)**

LƯU Ý: Nếu quý vị nói một ngôn ngữ khác, chúng tôi có các dịch vụ miễn phí để hỗ trợ về ngôn ngữ. Xin quý vị vui lòng liên lạc trực tiếp với nơi cung cấp dịch vụ của quý vị hoặc để tìm hiểu về các dịch vụ hãy gọi cho ACBHD ACCESS ở số 1-800-491-9099 (TTY: 711).

LƯU Ý: Các trợ giúp và dịch vụ phụ trợ, bao gồm nhưng không giới hạn vào các tài liệu in lớn và các dạng thức khác nhau, được cung cấp cho quý vị miễn phí theo yêu cầu. Xin quý vị vui lòng liên lạc trực tiếp với nơi cung cấp dịch vụ của quý vị hoặc để tìm hiểu về các dịch vụ hãy gọi cho ACBHD ACCESS ở số 1-800-491-9099 (TTY: 711).

### **Tagalog (Tagalog/Filipino)**

PAALALA: Kung gumagamit ka ng ibang wika, maaari kang makakuha ng libreng mga serbisyo sa tulong ng wika.

Mangyaring direktang makipag-ugnayan sa iyong itinalagang provider o tumawag sa ACBHD ACCESS sa 1-800-491-9099 (TTY: 711) upang itanong ang tungkol sa mga serbisyo.

PAALALA: Ang mga auxiliary aid at mga serbisyo, kabilang ngunit hindi limitado sa mga dokumento sa malaking print at mga alternatibong format, ay available sa iyo nang libre kapag hiniling. Mangyaring direktang makipag-ugnayan sa iyong itinalagang provider o tumawag sa ACBHD ACCESS sa 1-800-491-9099 (TTY: 711) upang itanong ang tungkol sa mga serbisyo.

### **한국어 (Korean)**

안내: 다른 언어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 필요한 경우 이용하고 계신 제공자에게 직접 연락하시거나 1-800-491-9099(TTY: 711)번으로 ACBHD ACCESS에 전화해 서비스에 대해 문의해 주시기 바랍니다.

안내: 큰 활자 문서, 대체 형식 등 다양한 보조 도구 및 서비스를 요청 시 무료로 이용하실 수 있습니다. 필요한 경우 이용하고 계신 제공자에게 직접 연락하시거나 1-800-491-9099(TTY: 711)번으로 ACBHD ACCESS에 전화해 서비스에 대해 문의해 주시기 바랍니다.

### **繁體中文(Chinese)**

注意：如果您使用其他語言，則可以免費使用語言協助服務。

請直接與您的服務提供者聯繫，或致電ACBHD ACCESS，電話號碼：1-800-491-9099（TTY：711）。

注意：可應要求免費提供輔助工具 and 服務，包括但不限於大字體文檔和其他格式。  
請直接與您的服務提供者聯繫，或致電ACBHD ACCESS，電話號碼：1-800-491-9099（TTY：711）。

### **Հայերեն (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե տիրապետում եք մեկ այլ լեզվի, ապա կարող եք օգտվել լեզվական աջակցման անվճար ծառայություններից:

Խնդրում ենք ուղղակիորեն կապվել ձեր պաշտոնական մատակարարի հետ կամ ծառայությունների վերաբերյալ տեղեկություններ ստանալու համար զանգահարել ACBHD ACCESS 1-800-491-9099 համարով (հեռատիպ՝ 711):

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Հայտ ներկայացնելու դեպքում կարող եք անվճար օգտվել օժանդակ միջոցներից և ծառայություններից, այդ թվում՝ մեծածավալ տպագիր և այլընտրանքային ձևաչափի փաստաթղթերից: Խնդրում ենք ուղղակիորեն կապվել ձեր պաշտոնական մատակարարի հետ կամ ծառայությունների վերաբերյալ տեղեկություններ ստանալու համար զանգահարել ACBHD ACCESS 1-800-491-9099 համարով (հեռախոյալ՝ 711): (Հեռախոյալ՝ 711):

### **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на другом языке, вы можете бесплатно воспользоваться услугами переводчика.

Свяжитесь напрямую со своим поставщиком или узнайте подробнее об услугах, позвонив в ACBHD ACCESS по телефону 1-800-491-9099 (телетайп: 711).

ВНИМАНИЕ: Вспомогательные средства и услуги, включая, помимо прочего, документы с крупным шрифтом и альтернативные форматы, доступны вам бесплатно по запросу. Свяжитесь напрямую со своим поставщиком или узнайте подробнее об услугах, позвонив в ACBHD ACCESS по телефону 1-800-491-9099 (телетайп: 711). (Телетайп: 711).

### **فارسی (Farsi)**

توجه: اگر شما به زبان دیگری صحبت می کنید، خدمات کمک زبانی بصورت رایگان در اختیار شما قرار دارند. لطفاً با ارائه دهنده تعیین شده خود به طور مستقیم تماس گرفته و یا برای پرس و جو در مورد خدمات به ACBHD ACCESS شماره (TTY:711) 1-800-491-9099 تماس بگیرید.

توجه: کمک ها و خدمات کمکی، از جمله اما نه محدود به اسناد چاپ شده با حروف بزرگ و قالب های جایگزین، در صورت درخواست شما به صورت رایگان در اختیار شما قرار می گیرند. لطفاً با ارائه دهنده تعیین شده خود به طور مستقیم تماس گرفته و یا برای پرس و جو در مورد خدمات به ACBHD ACCESS به شماره (TTY:711) 1-800-491-9099 تماس بگیرید.

### **日本語 (Japanese)**

注意事項：他の言語を話される場合、無料で言語支援がご利用になれます。

ご利用のプロバイダーに直接コンタクトされるか、支援に関してお尋ねになるにはACBHD ACCESS、電話番号1-800-491-9099 (TTY: 711)までご連絡ください。

注意事項：ご要望があれば、大きな印刷の文書と代替フォーマットを含むがこれらのみに限定されない補助的援助と支援が無料でご利用になれます。ご利用のプロバイダーに直接コンタクトされるか、支援に関してお尋ねになるにはACBHD ACCESS、電話番号1-800-491-9099 (TTY: 711). (TTY: 711) までご連絡ください。

### **Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lwm hom lus, muaj cov kev pab cuam txhais lus uas pab dawb xwb rau koj tau siv.

Thov txuas lus ncaj nraim nrog koj tus kws pab kho mob uas tau teeb los sis thov tau qhov kev pab cuam uas yog hu rau ACBHD ACCESS ntawm 1-800-491-9099 (TTY: 711).

LUS CEEV: Muaj cov kev pab cuam that khoom pab cuam txhawb ntxiv, xam nrog rau tab sis kuj tsis txwv rau cov ntaub ntawv luam loj thiab lwm cov qauv ntawv ntxiv, muaj rau koj uas yog pab dawb xwb raws qhov thov. Thov txuas lus ncaj nraim nrog koj tus kws pab kho mob uas tau teeb los sis thov tau qhov kev pab cuam uas yog hu rau ACBHD ACCESS ntawm 1-800-491-9099 (TTY: 711). (TTY: 711).

### **ਪੰਜਾਬੀ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ, ਭਾਸ਼ਾ ਦੀ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਮੁਫਤ ਉਪਲਬਧ ਹਨ।

ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਸਥਾਪਿਤ ਪ੍ਰਦਾਤਾ ਨਾਲ ਸਿੱਧਾ ਸੰਪਰਕ ਕਰੋ ਜਾਂ ਸੇਵਾਵਾਂ ਬਾਰੇ ਪੁੱਛਗਿੱਛ ਲਈ ACBHD ACCESS ਨੂੰ 1-800-491-9099 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।

ਧਿਆਨ ਦਿਓ: ਸਹਾਇਤਾ ਪ੍ਰਣਾਲੀ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ ਪਰ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਾਲੇ ਦਸਤਾਵੇਜ਼ ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੇਟ ਵਿਚ ਸੀਮਿਤ ਨਹੀਂ ਹਨ, ਮੰਗਣ ਤੇ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ।

ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਸਥਾਪਿਤ ਪ੍ਰਦਾਤਾ ਨਾਲ ਸਿੱਧਾ ਸੰਪਰਕ ਕਰੋ ਜਾਂ ਸੇਵਾਵਾਂ ਬਾਰੇ ਪੁੱਛਗਿੱਛ ਲਈ ACBHD ACCESS ਨੂੰ 1-800-491-9099 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।

### **العربية (Arabic)**

انتباه: إذا كنت تتحدث لغة أخرى، فإن خدمات المساعدة اللغوية متاحة لك مجانًا.

يرجى الاتصال بمزودك المعتاد مباشرة أو اتصل على ACBHD ACCESS للاستفسار عن الخدمات على الرقم 1-800-491-9099 (الهاتف النصي: 711).

انتباه: تتوفر لك الوسائل والخدمات المساعدة، بما فيها دون حصر الوثائق المطبوعة بخط كبير والتنسيقات البديلة، مجانًا عند طلبها. يرجى الاتصال بمزودك المعتاد مباشرة أو اتصل على ACBHD ACCESS للاستفسار عن الخدمات على الرقم 1-800-491-9099 (الهاتف النصي: 711).

### हिंदी (Hindi)

कृपया ध्यान दें: यदि आप कोई अन्य भाषा बोलते हैं, तो आपके लिये निःशुल्क भाषा सहायता सेवा उपलब्ध है। कृपया अपने नियत प्रदाता से सीधे संपर्क करें अथवा सेवाओं के बारे में जानकारी हेतु ACBH ACCESS को 1-800-491-9099 (TTY: 711) पर कॉल करें।

कृपया ध्यान दें: अतिरिक्त सहायता तथा सेवाएं, जिसमें अन्य के अलावा बड़े अक्षरों के दस्तावेज़ और वैकल्पिक प्रारूप भी शामिल हैं, अनुरोध करने पर निःशुल्क उपलब्ध कराई जाएंगी। कृपया अपने नियत प्रदाता से सीधे संपर्क करें अथवा सेवाओं के बारे में जानकारी हेतु ACBH ACCESS को 1-800-491-9099 (TTY: 711) पर कॉल करें।

### ภาษาไทย (Thai)

โปรดทราบ: หากคุณพูดภาษาอื่น เรามีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่เสียค่าใช้จ่าย

โปรดติดต่อผู้ให้บริการที่คุณใช้อยู่โดยตรงหรือหากต้องการสอบถามเกี่ยวกับบริการต่างๆ โปรดติดต่อ ACBH ACCESS ที่ 1-800-491-9099 (TTY: 711)

โปรดทราบ: เรามีความช่วยเหลือและบริการเพิ่มเติม เช่น เอกสารพิมพ์ตัวใหญ่หรือในรูปแบบอื่นๆ

ให้คุณโดยไม่เสียค่าใช้จ่ายหากคุณแจ้งความประสงค์จะใช้ โปรดติดต่อผู้ให้บริการที่คุณใช้อยู่โดยตรง หรือสอบถามเกี่ยวกับบริการต่างๆ ได้โดยติดต่อ ACBH ACCESS ที่ 1-800-491-9099 (TTY: 711)

**(Cambodian)**

ចំណុះ ប្រសិនបើអ្នកនិយាយភាសាបសេដប ៀត បសវជន្តយភាសាបោយឥតគិតថ្លៃ គឺ អាចស្វែងរកបានសប្បុរសអ្នក។ សូមទាក់ ងបោយផ្ទាល់បោកាន់អ្នកសតល់បសវស្ថនៃលានការ ្នលសា្នា ល់រស់អ្នក ឬបែរើមបី បុរើការសាកសួរអុំពីបសវកមមនានា សូម ្នសពាបោ ACBHD ACCESS តាមរយៈបលខ 1-800-491- 9099 (TTY: 711)។ ចំណុះ សា្នា រៈនិងបសវកមមជន្តយ ្នាជាអា វិ័ឯកសារជាអ្នករុមពុំនិងឯកសារជា ឬង បសេដប ៀត អាចស្វែងរកបានសប្បុរសអ្នកបោយឥតគិតថ្លៃបោតាមការបសនើសុំ។ សូមទាក់ ងបោយផ្ទាល់បោកាន់អ្នកសតល់បសវស្ថនៃលានការ ្នលសា្នា ល់រស់អ្នក ឬ បែរើមបីសាកសួរអុំពីបសវកមមនានា សូម ្នសពាបោ ACBHD ACCESS តាមរយៈបលខ 1-800-491- 9099 (TTY: 711).

**ພາສາລາວ (Lao)**

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາອື່ນ, ພວກເຮົາມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານນຳໃຊ້ໂດຍບໍ່ ເສຍຄ່າ. ກະລຸນາຕິດຕໍ່ຜູ້ໃຫ້ບໍລິການທີ່ກຳນົດໄວ້ຂອງທ່ານໂດຍກົງ ຫຼື ເພື່ອສອບຖາມກ່ຽວກັບການບໍລິການ ໃຫ້ໂທ ຫາ ACBH ACCESS ທີ່ເບີ 1-800-491-9099 (TTY: 711).

ເອົາໃຈໃສ່: ອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອ, ເລິ່ງຊວມມີ ແຕ່ບໍ່ຈຳກັດ ເອກະສານຕົວພິມໃຫຍ່ ແລະ ຮູບແບບທາງເລືອກອື່ນ, ແມ່ນມີໃຫ້ທ່ານນຳໃຊ້ໂດຍບໍ່ເສຍຄ່າຕາມຄໍາຂໍ. ກະລຸນາຕິດຕໍ່ຫາຜູ້ໃຫ້ ບໍລິການທີ່ກຳນົດໄວ້ຂອງທ່ານໂດຍກົງ ຫຼື ເພື່ອສອບຖາມກ່ຽວກັບການບໍລິການ ໃຫ້ໂທຫາ ACBH ACCESS ທີ່ເບີ 1-800-491-9099 (TTY: 711). (TTY: 711).



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## Message to Service Providers

Dear provider, thank you for serving the members of Alameda County Behavioral Health Plan. Reviewing and offering this Informing Materials packet to members or their legal representatives is a requirement. Below are detailed instructions for what is required:

- Review and provide a copy of this Informing Material packet to the member or their legal representative at intake and upon request, in their preferred language or method of communication.
- Re-review and provide a copy of the Informing Material Packet, Notice of Privacy Practices and Member Handbook to the member or their legal representative whenever there is a substantial change to the content.
- You may add to the content of this packet, and/or alter the format or layout, however the content itself cannot be removed, altered or contradicted in any way.
- Provide the member or their legal representative with a copy of the document titled *Your Right to Make Decisions About Medical Treatment* in the language or format of their choosing. Find the document here:  
<https://bhcsproviders.acgov.org/providers/QA/General/informing.htm>
- Ask the member or their legal representative to sign and date the *Acknowledgement of Receipt* page of this document and file this page in the member's chart.

**The Informing Materials packet in all threshold languages is available on the Alameda County Behavioral Health Department's Provider website at:**

<http://www.acbhcs.org/providers/QA/General/informing.htm>

## **Welcome to Alameda County Health Behavioral Health Plan**

Welcome! As a member of the Alameda County Behavioral Health Plan (BHP) requesting behavioral health services with this provider, we ask that you review this packet of Informing Materials which explains your rights and responsibilities. Alameda County Health's BHP includes both mental health services offered by the County Mental Health Plan and substance use disorder (SUD) treatment services offered by the County SUD Organized Delivery System; you may be receiving only one or both types of services.

What needs to happen:

- Your service provider is required to review this material with you at Intake and anytime you request a review.
- A copy of this packet will also be offered to you to take home to review whenever you want.
- You will be asked to sign the last page of this packet to indicate that the material was provided and reviewed with you.
- Your provider will keep the signature page.

This packet contains a lot of information, so take your time and feel free to ask any questions. Knowing and understanding your rights and responsibilities helps you get the care you deserve.

## Freedom of Choice

As your behavioral health plan, we are required to inform you of the following:

- Acceptance and participation in the behavioral health system is voluntary, and not a requirement for access to other community services.
- You have the right to access other behavioral health services funded by Medi-Cal and have the right to request a change of provider and/or staff.
- The Behavioral Health Plan (BHP) contracts with a wide range of providers in our community, which may include faith-based providers. There are laws governing faith-based providers receiving Federal funding, including that they must serve all eligible members regardless of their religious beliefs and that Federal funds must not be used to support religious activities (such as worship, religious teaching, or attempts to convert a member to a religion). If you are referred to a faith-based provider and object to receiving services from that provider because of its religious character, you have the right to request to see a different provider.

Note: We do our best to grant all reasonable requests. However, we cannot guarantee that requests to change providers will always be honored, except in cases where the request to change a provider is because of their religious character.

## Notice of Non-Discrimination

Discrimination is against the law. Alameda County Behavioral Health Department (includes county and contract providers) follows State and Federal civil rights laws. Alameda County Behavioral Health Department (ACBHD) does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, or any other basis protected by federal or State civil rights laws.

ACBHD provides:

- Free aids and services to people with disabilities to help them communicate better, such as: Qualified sign language interpreters, Written information in other formats (large print, braille, audio, and/or accessible electronic formats).
- Free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, contact your service provider or call ACBHD ACCESS at 1-800-491-9099 (TTY: 711. Or, if you cannot hear or speak well, please call 711 (California State Relay).

If you believe that ACBHD has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance in several ways:

### ACBHD's Consumer Assistance Office

- By phone:  
1-800-779-0787 ACBHD Consumer Assistance  
For assistance with hearing or speaking, call 711, California Relay Service
- By US mail: Fill out a grievance form or write a letter and send it to  
Consumer Assistance  
2000 Embarcadero Cove, Suite 400  
Oakland, CA 94606  
  
Grievance Forms are available online at: <https://www.acbhcs.org/plan-administration/file-a-grievance/>
- In Person:  
Consumer Assistance at Mental Health Association  
2855 Telegraph Ave, Suite 501

Berkeley, CA 94705

### **Office of Civil Rights- California Department of Health Care Services**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone:  
Call 916-440-7370  
If you cannot speak or hear well, please call 711 (California State Relay)
- Fill out a complaint form or mail a letter to:  
Department of Health Care Services, Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413  
Complaint form: <https://www.dhcs.ca.gov/discrimination-grievance-procedures>
- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

### **Office of Civil Rights- U.S. Department of Health and Human Services**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone:  
Call 1-800-368-1019  
If you cannot speak or hear well, please call 711(California State Relay)
- Fill out a complaint form or mail a letter to:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>
- Electronically through the Complaint Portal:  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

## Consent for Services

As a member of this Behavioral Health Plan (BHP), you or your legal representative's signature on the last page of this packet gives your consent for voluntary behavioral health services with this provider.

Your consent for services means that this provider has a duty to inform you about available treatment options and alternatives so that you can make an informed decision about your treatment. You have the right to participate in decisions regarding the health care you receive and the right to refuse treatment.

Your provider may have additional consent forms for you to sign that describe in more detail the kinds of services you might receive. Additionally, separate consents are needed in some situations, like when certain medications are prescribed or when services are provided through telehealth.

### **Consent for Telehealth Services**

Telehealth services are those that are provided in real time via video plus audio, or audio only (telephone). Your provider must obtain your written or verbal consent prior to starting telehealth services.

They need to explain to you that:

- You have the right to access Medi-Cal covered services through an in-person, face-to-face visit, or through telehealth.
- The use of telehealth is voluntary, and you may withdraw your consent to, or stop, receiving services through telehealth at any time without affecting your ability to access covered services in the future.
- Medi-Cal provides coverage for transportation services to in-person services when other resources have been reasonably exhausted.
- There may be limitations or risks related to receiving services through telehealth as compared to an in-person visit, if applicable.

They need to make sure that you understand the potential limitations and risks of receiving services using telehealth and have had all your questions answered to your satisfaction.



## **Treatment Services and Providers of Care**

### **Treatment Services**

Your provider will describe the kind of services they provide in more detail. For mental health services, these may include but are not limited to, assessments, evaluations, individual counseling, group counseling, family therapy, crisis intervention, psychotherapy, case management, rehabilitation services, medication services, plan development, discharge planning, referrals to other behavioral health professionals, and consultations with other professionals on your behalf.

In addition to the above services, substance use disorder (SUD) outpatient treatment services may also include medications for addiction treatment (MAT) or clinically indicated drug testing. Although you have a right to refuse any of the services that are recommended or offered to you, there may be specific requirements for drug testing (e.g. Drug Court, Probation, etc.). Also, some programs are required to do drug testing in order to bill Medi-Cal. For example, Opioid Treatment Programs (OTP) are required to conduct drug testing per program requirements.

### **Providers of Care**

Professional service providers may include, but are not limited to, physicians, nurse practitioners, clinical nurse specialists, registered nurses, physician assistants, psychiatric technicians, licensed vocational nurses, occupational therapists, pharmacists, marriage and family therapists, clinical social workers, professional clinical counselors, psychologists, registered associates, SUD counselors, mental health rehabilitation specialists and peer and family partners.

Not all service providers are licensed professionals. Providers are expected to inform you of their credentials and let you know if they do not have a license to practice and are working under the supervision of a licensed professional. Student trainees, interns or associates must inform you in writing that they are unlicensed and provide you with their licensed supervisor's name and license type.<sup>1</sup> All unlicensed professional staff must work under the supervision of licensed professionals.

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<sup>1</sup> [Agenda Item VI - Discussion of Advertising and Other Disclosure Requirements in Statutes and Regulations](#)

## Maintaining a Welcoming and Safe Place

As a member of the Alameda County Behavioral Health Plan, it is important that you feel welcomed and respected on your journey towards a healthier and more productive life. One way we help create a safe and welcoming treatment experience is by asking that everyone, providers and members, follow certain rules involving respectful, safe behaviors. These include the following:

- ✓ Behave in safe ways towards yourself & others.
- ✓ Be free of weapons of any kind.
- ✓ Speak with courtesy towards others.
- ✓ Respect others' privacy.
- ✓ Respect the property of others & of your treatment program.
- ✓ Refrain from sale, use, and distribution of alcohol, drugs, nicotine/tobacco products, vapes and e-cigarettes on treatment premises.

To ensure a safe treatment experience for everyone, individuals who intentionally create an unsafe environment may be asked to leave the treatment site, their services may be stopped temporarily or completely, and, if necessary, legal action may be taken against them.

If you are feeling unsafe or if you feel you cannot follow these rules, speak with your service provider immediately. By following these rules, you will be doing your part in creating a safe and welcoming treatment experience.

### **Involuntary Discharges**

Grounds for involuntary discharge from a program include, but are not limited to, creating a disruptive or unsafe environment for other participants. This is sometimes due to a member being intoxicated. At that time, your counselor will discuss this with you and may recommend immediate drug testing.

Whether you agree to, or decline drug testing in this circumstance, you may still be discharged if your behavior cannot be addressed and altered to create a non-disruptive and safe environment for all in the program. Addiction treatment professionals and provider organizations will take appropriate steps to ensure that drug test results remain confidential to the extent permitted by law.

Finally, if you consistently decline the program services being offered to you, or fail to attend treatment services, your provider might recommend a more appropriate placement for you.

If you have been involuntarily discharged from a program and you disagree with the decision, you may file an appeal with Alameda County Health Behavioral Health Department Consumer Assistance Office:

- By phone:  
1-800-779-0787 ACBHD Consumer Assistance  
For assistance with hearing or speaking, call 711, California Relay Service
- By US mail:  
2000 Embarcadero Cove, Suite 400  
Oakland, CA 94606
- In Person:  
Consumer Assistance at Mental Health Association  
2855 Telegraph Ave, Suite 501  
Berkeley, CA 94705

## Member Handbook

The Behavioral Health Plan's (BHP) *Member Handbook, Specialty Mental Health Services and Drug Medi-Cal Organized Delivery System* will be reviewed and offered to you at the start of each new service or whenever you request it. The Handbook contains information on eligibility for services, what services are available and how to access them, who our service providers are, more information about your rights, and the Grievance, Appeal, and State Fair Hearing process. The Handbook also contains important phone numbers for the Behavioral Health Plan.

The Member Handbook is available electronically here:

<https://www.acbhcs.org/beneficiary-handbook/>. If you prefer a paper copy of the Member Handbook, you can let your provider know. Your provider is required to give you a paper copy of the Handbook free of charge within 5 days of your request.

The Member Handbook is available in the following languages: English, Spanish, Arabic, Chinese, Farsi, Korean, Tagalog, and Vietnamese.

Speak to your provider or call ACBHD ACCESS at 1-800- 491-9099 (TTY: 711) if you need an alternative format of the Handbook, for example Braille or audio version. These can also be requested by contacting the Alameda County Behavioral Health Quality Assurance Division using this email: [QAIM@acgov.org](mailto:QAIM@acgov.org).

## Provider Directory

The Provider Directory will be reviewed and offered to you at the start of Intake or whenever you request it. It contains a list of County and County-contracted providers of behavioral health services in our community and is updated monthly.

The Provider Directory is available electronically here:

<https://acbh.my.site.com/ProviderDirectory/s/>. If you prefer a paper copy of the Provider Directory, you can let your provider know. Your provider is required to give you a paper copy free of charge within 5 days of your request.

The Provider Directory is available in the following languages: English, Spanish, Arabic, Chinese, Farsi, Filipino, Khmer, Korean and Vietnamese.

### **Non-Emergency Mental Health or Substance Use Treatment Services**

You can contact your health plan using the phone numbers below if you have questions about the Provider Directory. Representatives can let you know whether a provider has openings and their eligibility criteria. Language assistance is available.

For hearing or speaking limitations, dial 711 for the California Relay Service for assistance connecting to either customer service line.

- For mental health services: Call the ACCESS program at 1-800-491-9099.
- For substance use treatment services: Call the Substance Use Treatment and Referral Helpline at 1-844-682-7215.

### **Crisis Services**

If you are experiencing a behavioral health crisis, Dial 988 or (800) 309-2131, or Text “Safe” or “Seguro” to 20121. You can also contact the National Suicide Prevention Lifeline at 1 (800) 273-8255.

## Problem Resolution

As a member of the Alameda County Behavioral Health Plan, there are many options available to you if you are not satisfied with the services you are receiving. Detailed information regarding your options and relevant forms can be found on the following ACBHD website: <https://www.acbhcs.org/plan-administration/file-a-grievance/>

### **Grievances**

You have the right to file a grievance, or complaint, anytime you find a provider or service to be unsatisfactory. For example:

- If you are not getting the kind of service you want.
- If you feel you are receiving poor-quality service.
- If you feel you are being treated unfairly.
- If appointments are never scheduled at times that are good for you.
- If the facility is not clean or safe.

### **How to File a Grievance**

You can file a grievance either with your provider directly or with Alameda County Behavioral Health using the process described below.

#### Alameda County Health (ACBHD):

- By phone:  
1-800-779-0787 ACBHD Consumer Assistance  
For assistance with hearing or speaking, call 711, California Relay Service
- By US mail:  
2000 Embarcadero Cove, Suite 400  
Oakland, CA 94606
- In Person:  
Consumer Assistance at Mental Health Association  
2855 Telegraph Ave, Suite 501  
Berkeley, CA 94705

#### Your provider:

Your provider may resolve your grievance internally or direct you to ACBHD above. You may obtain forms and assistance from your provider.

### **Other Options for Filing Grievances Related to Individual Practitioners**

Grievances related to individual providers can also be filed with the appropriate licensing boards. For example,

- The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of the following individual practitioner types: *Marriage and Family Therapists, Licensed Educational Psychologists, Clinical Social Workers, or Professional Clinical Counselors*.

You can file a complaint with them directly by phone: (916) 574-7830 or online:

<https://www.bbs.ca.gov/consumers/>.

- If you believe that a psychologist or psychological associate has acted illegally, irresponsibly, or unprofessionally, you may file a complaint with the Board of Psychology. Here is a link with more information:  
<https://www.psychology.ca.gov/consumers/filecomplaint.shtml>
- Grievances related to medical professionals can be filed with the Medical Board of California. Here is a link with more information:  
<https://www.mbc.ca.gov/Resources/BreEZe-Resources-Center/Complaints.aspx>

## **Appeals**

You have the right to file an appeal if you receive a “Notice of Adverse Benefit Determination” (NOABD) informing you of an action by the Behavioral Health Plan (BHP) regarding your benefits. For example:

- If a service you requested is denied or limited.
- If a previously authorized service you are currently receiving is reduced, suspended, or terminated.
- If the BHP denies paying for a service that you received.
- If services are not provided to you promptly.
- If your grievance or appeal is not resolved within the required timeframes.
- If your request to dispute financial liability is denied.
- If you have been involuntarily discharged from a program.

## **How to File an Appeal**

If you are a Medi-Cal member receiving Medi-Cal services, you can file an appeal with Alameda County Behavioral Health using the process described below.

- By phone:  
1-800-779-0787 ACBHD Consumer Assistance  
For assistance with hearing or speaking, call 711, California Relay Service



- By US mail:  
2000 Embarcadero Cove, Suite 400  
Oakland, CA 94606
- In Person:  
Consumer Assistance at Mental Health Association  
2855 Telegraph Ave, Suite 501  
Berkeley, CA 94705

## **State Fair Hearing**

You have a right to a State Fair Hearing, an independent review conducted by the California Department of Social Services, if you have completed the Behavioral Health Plan's (BHP) Appeals process and the problem is not resolved to your satisfaction. You may request a State Fair Hearing whether or not you have received a NOABD.

A request for a State Fair Hearing is included with each Notice of Appeal Resolution (NAR). You must submit the request within 120 days of the postmark date or the day that the BHP personally gave you the NAR.

To keep your same services while waiting for a hearing, you must request the hearing within ten (10) days from the date the NAR was mailed or personally given to you or before the effective date of the change in service, whichever is later.

The State must reach its decision within 90 calendar days of the date of request for Standard Hearings and within 3 days of the date of request for Expedited Hearings.

The BHP must authorize or provide the disputed services promptly within 72 hours from the date it receives notice reversing the BHP's Adverse Benefit Determination.

## **How to Request a State Fair Hearing**

- By phone:  
1 (800) 952-5253 or for TTY 1 (800) 952-8349
- Online:  
<http://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx>
- In Writing:  
California Department of Social Services/State Hearings Division  
P.O. Box 944243  
Mail Station 9-17-37  
Sacramento, CA 94244-2430

## **Patients' Rights**

Generally, issues involving services received in an in-patient setting, and particularly those related to involuntary holds and conservatorships are handled through existing legal remedies such as Patient's Rights, rather than through the grievance or appeal process. For example:

- If you were put in restraints and do not think the facility had good cause to do this.
- If you were hospitalized against your will and do not understand why or what your options were.

## **How to Register a Complaint with Patients' Rights**

Call the Patient's Rights Advocate at: 1(800) 734-2504 or if outside the county, dial (510) 835-2505. This is a 24-hour number with an answering machine after hours. Collect calls are accepted.

## **Other Resources**

For more detailed information related to the problem resolution process, see *The Problem Resolution Process: To File a Grievance, Appeal or Request a State Fair Hearing* section of the Member Handbook. The Integrated Member Handbook is posted on the Quality Assurance Informing Materials page of the Provider website:

<https://bhcsproviders.acgov.org/providers/QA/General/informing.htm>

**If you have any questions or need assistance filling any required forms, please reach out to your provider or call Consumer Assistance at 1(800) 779-0787.**

## **Advance Directives**

**(Only applies if you are age 18 or older)**

If you are age 18 or older, the Behavioral Health Plan is required by federal and state law to inform you of your right to make health care decisions and how you can plan now for your medical care, in case you are unable to speak for yourself in the future. Making a plan now can ensure that your wishes and preferences are communicated to the people who need to know. That process is called creating an Advance Directive.

You are not required to create an Advance Directive, and the behavioral health services provided to you by Alameda County Behavioral Health will not be based on whether you have created one. However, we encourage you to learn about this process and plan for your future medical care now. Alameda County Health Behavioral Health Plan providers and staff can support you in this process but are not able to create an Advance Directive for you.

The National Alliance for Mental Illness (NAMI) provides a lot of helpful information on this topic here: <https://www.nami.org/Advocacy/Policy-Priorities/Responding-to-Crises/Psychiatric-Advance-Directives/>

You can also review the ACBHD policy on this topic, in section 300-2 of the Policy and Procedure page: <https://bhcsproviders.acgov.org/providers/PP/Policies.htm>

Advance Health Care Directive forms can be found on the State of California, Department of Justice website:  
<https://oag.ca.gov/system/files/media/ProbateCodeAdvanceHealthCareDirectiveForm-fillable.pdf>

If you have any complaints about the Advance Directive requirements, please contact Consumer Assistance at 1-800-779-0787.

## Confidentiality & Privacy

Confidentiality and privacy of your health information while participating in treatment services is an important personal right. This packet contains important information about how your treatment records and personal information are used, shared with others and how you may access your personal health information.

There are two important documents included in this packet that describe your rights in detail:

- Notice of Privacy Practices
- 42 CFR Part 2- Privacy of Drug and Alcohol Treatment Services

Your provider will go over these two documents and the limits of confidentiality with you during review of this Informing Materials packet.

NOTE: In the event that the Notice of Privacy Practices is revised after it has been reviewed with you at Intake, your provider must review the updates with you again, obtain your signature to verify that this was done and save a copy of your signed form in your medical record.

## Notice of Privacy Practices



### Your Information

### Your Rights

### Our Responsibilities

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

#### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

<b>Get an electronic or paper copy of your medical record</b>	<ul style="list-style-type: none"> <li>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.</li> <li>We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
<b>Ask us to correct your medical record</b>	<ul style="list-style-type: none"> <li>You can ask us to correct health information about you that you think is incorrect or incomplete.</li> <li>We may say “no” to your request, but we will tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communication</b>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>We will say “yes” to all reasonable requests</li> </ul>

<p><b>Ask us to limit what we use or share</b></p>	<ul style="list-style-type: none"> <li>• You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li> <li>• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.</li> <li>• We will say “yes” unless a law requires us to share that information.</li> </ul>
<p><b>Get a list of those with whom we’ve shared information</b></p>	<ul style="list-style-type: none"> <li>• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).</li> <li>• We’ll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<p><b>Get a copy of this privacy notice</b></p>	<ul style="list-style-type: none"> <li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.</li> <li>• We will provide you with a paper copy promptly.</li> </ul>
<p><b>Choose someone to act for you</b></p>	<ul style="list-style-type: none"> <li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<p><b>File a complaint if you feel your rights are violated</b></p>	<ul style="list-style-type: none"> <li>• If you feel we have violated your rights, you can file a complaint in the following ways: <b>By contacting Alameda County Health Services:</b> <ul style="list-style-type: none"> <li>○ Sending a letter to: 1000 San Leandro Blvd,</li> </ul> </li> </ul>

	<p>Suite 300, San Leandro, CA 94577</p> <ul style="list-style-type: none"> <li>○ Or calling: 510-618-3333</li> <li>○ Or emailing: HCSA.Compliance@acgov.org</li> </ul> <p><b>Or by filing a complaint with the U.S. Department of Health and Human Services Office for Civil Rights:</b></p> <ul style="list-style-type: none"> <li>○ Sending a letter to: 90 7th Street, Suite4-100, San Francisco, CA 94103</li> <li>○ Or calling: 1-800-368-1019</li> <li>○ Or visiting: <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a></li> </ul> <ul style="list-style-type: none"> <li>• We will not retaliate against you for filing a complaint.</li> </ul>
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## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in your care</li> <li>• Share information in a disaster relief situation</li> <li>• Include or remove your information in a hospital directory</li> <li>• Contact you for fundraising efforts</li> </ul> <p>If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</p>
<b>In these cases, we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>• Marketing purposes</li> <li>• Sale of your information</li> <li>• Most sharing of psychotherapy notes</li> </ul>
<b>In the case of fundraising or media campaign:</b>	We may contact you for fundraising or media campaign efforts, but you can tell us not to contact you again.



## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways:

<b>Treat you</b>	We can use your health information and share it with other professionals who are treating you.	<b>Example:</b> A doctor treating you for an injury asks another doctor about your overall health condition.
<b>Run our organization</b>	We can use and share your health information to run our practice, improve your care, and contact you when necessary.	<b>Example:</b> We use health information about you to manage your treatment and services.
<b>Bill for your services</b>	We can use and share your health information to bill and get payment from Medi-Cal, Medicare, health plans or other insurance carriers.	<b>Example:</b> We give information about you to your health insurance plan, so it will pay for your services.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<b>In these cases, we never share your information unless you give us written permission:</b>	We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>• Preventing disease, injury or disability</li> <li>• Reporting births and deaths</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul>
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<b>Do research</b>	We can use or share your information for health research.
<b>Comply with the law</b>	We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
<b>Respond to organ and tissue donation requests</b>	We can share health information about you with organ procurement organizations.
<b>Work with a medical examiner or funeral director</b>	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
<b>Address workers' compensation, law enforcement, and other government requests</b>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> </ul> <p>For special government functions such as military, national security, and presidential protective services</p>
<b>Respond to lawsuits and legal actions</b>	We can share health information about you in response to a court or administrative order, or in response to a subpoena
<p><b>Note:</b> 42 CFR Part 2 protects your health information if you are applying for or receiving services for drug or alcohol abuse. Generally, if you are applying for or receiving services for drug or alcohol abuse, we cannot acknowledge to a person outside our organization that you attend our program or disclose any information identifying you as an individual seeking treatment from substance abuse, except under circumstances that are listed in this Notice.</p>	

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date of Notice: 2013

Revised: August 2017; June 2022

## 42 CFR PART 2: Privacy of Drug and Alcohol Treatment Services

Substance use disorder (SUD) treatment is protected by much stricter privacy standards compared to other types of health services. Title 42 of the [Code of Federal Regulations](#) includes a wide range of regulations mainly dealing with public health and welfare. A key focus of 42 CFR is protecting the privacy of individuals receiving SUD treatment, with specific regulations outlined in [42 CFR Part 2 - Confidentiality of Substance Use Disorder Patient Records](#).

Alameda County Behavioral Health Department contracted providers are required to establish policies and procedures regarding confidentiality and ensure compliance with federal laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, & the Confidentiality Law, 42 U.S.C. § 290dd-2, and 42 C.F.R. Part 2.

If you are receiving SUD treatment, your provider cannot disclose information identifying you as an alcohol or drug treatment client or disclose your protected information for treatment purposes or as part of their health care operations without your written consent. Your written consent is also required to disclose information to health insurers to get paid for services and to sell or disclose your information for marketing purposes. You can revoke your consent at any time, verbally or in writing.

There are some situations where federal law and regulations allow providers to disclose information about your SUD services without your written consent. These include:

- When an individual is a danger or has threatened harm to another person
- To prevent crimes on program premises or against program personnel
- When the provider suspects child abuse or neglect
- When the provider suspects elder abuse
- When an individual is in a medical emergency and unable to provide their consent prior to disclosing information, some examples include:
  - When an individual is a danger to themselves and cannot give prior consent
  - When an individual is gravely disabled and unable to provide for their basic needs due to a behavioral health condition, placing them in danger of serious harm.
  - When an individual is incapacitated and cannot give consent
- For management audits, financial audits and program evaluation undertaken by a Federal, state, or local governmental agency, or a third-party payer or health plan.

- When the information is shared pursuant to an agreement with a business associate or qualified service organization (QSO), e.g., for record-keeping, accounting, or other professional services
- When the information is used for scientific research
- When the information is used for purposes of public health. Note that information shared with public health organizations is de-identified prior to release.

A violation of the federal law and regulations by a program subject to 42 CFR part 2 is a crime, and suspected violations may be reported to the appropriate authorities, including the U.S. Attorney for the Northern District of California (450 Golden Gate Avenue, San Francisco, CA 94102) and the California Department of Health Care Services (1501 Capital Avenue, MS 0000, Sacramento, California 95389-7413).

### **Provider Responsibilities**

Providers are required by law to maintain the privacy of your health and SUD information and to provide you with notice of their legal duties and privacy practices concerning your health information. Providers are required by law to abide by the terms of this notice and to make new notice provisions effective for all protected health information they maintain. Revision and updated notices should be provided to individuals during treatment sessions and posted on the Public Notice Board in the lobby.

### **Grievance and Reporting Violations**

If you are not satisfied with any matter related to your services, including confidentiality issues, or are uncomfortable with speaking to your provider about an issue, you may contact Consumer Assistance at 1 (800) 779-0787. See *Problem Resolution Process* section of this packet for more information about grievances and appeals.

## Acknowledgement of Receipt

**Member Name:** \_\_\_\_\_

**ACBHD Member #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Admit Date:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

Your signature on this document confirms that you consent to receiving services from this provider/agency.

**If you are 18 years or older, please answer the following questions:**

Have you already created an Advance Directive? ☐ Yes ☐ No

If not, did the provider offer you information about Advance Directives? ☐ Yes ☐ No

**By signing this form,**

- I agree that this packet was reviewed with me in a language or way that I could understand, and I was offered a paper copy of this packet.
- I consent to receiving voluntary behavioral health services from this agency/provider.

**Member or Legal Representative's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

-----The section below is completed by provider, as applicable-----

☐ Member/Member's legal representative verbally consented to receiving voluntary behavioral health services but declined or was unable to sign the form.

[Note: Please attempt to obtain a signature at a later date.]

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_