

**REQUEST FOR CHANGE OF SERVICE PROVIDER
PLEASE PRINT OR WRITE LEGIBLY.**

DATE: _____

NAME OF CLIENT/CONSUMER: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ BEST TIME(S) TO CALL: _____

PERSON FILING FOR CHANGE: _____ PHONE #: _____

NAME OF LEGAL GUARDIAN/CONSERVATOR: _____

I HAVE(check all that apply):

Medi-Cal Medicare CMSP No Insurance

Kaiser Insurance _____

1. I request a change from my current provider, _____
for the following reasons (check all that apply):

Prefer more compatible personality Not helpful Don't feel respected/listened to

Prefer more culturally sensitive (specify) _____

Prefer different language (specify) _____

Prefer more convenient location Prefer more convenient time Other: _____

EXPLAIN: _____

2. How many times have you seen your provider?

1 time 2-3 times More than 3 times

3. Check one: I have discussed my concerns with this provider.

I have not discussed my concerns with this provider.

Serious consideration will be given to this request and a response issued within thirty (30) days.

(FOR MENTAL HEALTH PLAN USE ONLY)

Date received by MHP: _____ Team Name: _____ Program Manager: _____

Decision: _____ Date: _____

Name of New Provider: _____

IF YOU NEED ASSISTANCE WITH
COMPLETING THIS FORM:

- You may ask any Behavioral Health staff to assist you.
- You may call the **Access Team** at 707-565-6900 or 1-800-870-8786

OR

Patients' Rights Advocate at
707-565-4978.

TTY: 711

Consumers are encouraged to discuss issues regarding their mental health services directly with their clinician, or with the supervisor.

SONOMA COUNTY
DEPARTMENT OF HEALTH
SERVICES - BEHAVIORAL
HEALTH DIVISION: MENTAL
HEALTH SERVICES

**REQUEST FOR
CHANGE OF SERVICE
PROVIDER**

RETURN THIS
COMPLETED FORM
TO THE RECEPTIONIST

OR

MAIL TO:

Grievance Coordinator
Mental Health Plan
of
Sonoma County
2227 Capricorn Way,
Suite 207
Santa Rosa, CA
95407-5419

LANGUAGE ASSISTANCE

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 24/7 toll-free 1-800-870-8786 toll free number or 707-565-6900 (TTY: 1-800-735-2929 or 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. Call 707-565-6900 or 1-800-870-8786 (TTY: 1-800-735-2929 or 711).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711) 번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711)。

Հայերեն (Armenian)

Ուշադրություն՝ եթե խոսում եք հայերեն, ապաձեզ անվճար կարող են տրամադրվել լեզվական աջակցումը անձամբ ու թյուններ: Ձանգահարեք 1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711) تماس بگیرید.

日本語(Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-870-8786

(رقم هاتف الصم والبكم: 1-800-735-2929 or 711) or 707-565-6900

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711).

ខ្មែរ(Cambodian)

ប្រយ័ត្ន: រសើរនិងអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយមននកភាសា រោយមិនគិតថ្លៃ
គឺអាចមានសំរាប់អ្នកមុនេនក។ ចូរូស័ព្ទ 1-800-870-8786 or 707-565-6900
(TTY: 1-800-735-2929 or 711)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ,
ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-870-8786 or 707-565-6900 (TTY: 1-800-735-2929 or 711).