Return Address:

Fold Line

## San Joaquin County Behavioral Health Services Quality Improvement & Compliance Office 1212 N. California Street Stockton, California 95202

You have the right to:

- Request services in your preferred language and receive free interpreting services.
- Request a change of provider or second opinion
- File a grievance or appeal (you are not subject to discrimination or penalty for filing a grievance or appeal).
- Review your case file or records before and during the appeal process
- Authorize another person to act on your behalf.
- Request a State Fair Hearing, if you are a Medi-Cal beneficiary by calling or writing to:

State Fair Hearing Division
California Department of Social
Services
PO Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430

Telephone: 1-800-952-5253 Or TDD: 1-800-952-8349 (for Hearing Impaired)

If you have Medi-Cal, you have the right to request a State Fair Hearing after the appeal process has been completed.

San Joaquin County Behavioral Health Services will ensure that services are continued while an Appeal or State fair Hearing is pending.

**Client Rights** 

San Joaquin County

Behavioral Health Services

## Suggestion, Comment or Compliment Form

Tell us... What can we do better?

WE WOULD

LIKE TO KNOW YOUR NAME... BUT IT'S NOT REQUIRED

If you would like someone to contact you regarding your suggestion, please include your name, address, and phone number where you can be reached or a message can be left for you.

**Contact** one of the <u>Advocates</u> listed inside this brochure if:

- You need immediate help, or want to talk to someone about a problem
- You wonder if your concern is serious enough to file a grievance
   To send us a suggestion, comment or compliment, fill out this form, put a stamp on it, and mail it to:

Quality Improvement & Compliance Office 1212 N. California Street Stockton, CA 95202

Quality Improvement & Compliance Office will forward this form to the Consumer Advisory Council (CAC), who will read your suggestion or comment and contact you if needed.

Suggestion , Comment or Compliment Form English 01/15.Pub

Postage Stamp

## Write your Suggestions, Comments, and/or Compliments below: (Tell us... What can we do better?) If you would like a reply, please leave a number or address where you may be contacted.

Name:					
Phone:			Message Phone?	Yes	No
Address (optional):			-		
		(City)	(State)	(ZIP Co	de)
(Consumer Advisor	ry Council Use)				

For reasons of confidentiality, close and fasten with a small piece of clear tape. Add a postage stamp.

Date:			

If immediate help is needed, please call one of the people listed below:

- ◆ Consumer Support Warm Line (209) 468-3585
  - Patient's Rights Advocate (all ages)

Telephone: (209) 468-8676 Fax: (209) 468-2399

- ◆ Family Advocate (209) 401-6087
- ◆ Consumer Outreach Coordinator and
- ◆ Consumer Advisory Council (CAC) (209) 468-3498
  - Parent Partners(Children And Youth Services)

(209) 468-2241 or (209) 468-3690

◆ Southeast Asian Languages (Cambodian, Hmong, Khmu, Laotian, and Vietnamese languages) (209) 953-8843

## \*Problem Resolution Line

(209) 468-9393 in Stockton (866) 468-9393 outside of Stockton

San Joaquin County Behavioral Health Services 1212 North California Street Stockton, CA 95202

<sup>\*</sup>To mail, fold this form so our return address is visible.