



# **Behavioral Health and Recovery Services (BHRS)**

## **Change of Provider Request Form**

As a client/consumer of BHRS, you are encouraged to discuss any problems or concerns related to your treatment directly with your provider (case manager, therapist, social worker, nurse or physician/psychiatrist) or with the Program Manager or Supervisor of the facility where you receive services. If you remain dissatisfied, you have the right to request a change of provider and/or to file a grievance. The Quality Management (QM) Program and/or the Patient's Rights Advocate are available to assist you with requesting a change of service provider or filing a grievance. Contact the QM Program at (415) 473-2887 or the Patient's Rights Advocate at (415) 526-7525.

### **To Request a Change of Provider**

1. Complete this form and submit it to any staff member; he/she will forward it to the Program manager or Supervisor.
2. The Program manager or Supervisor will review your request, make every effort to accommodate it and respond to you within ten working days.

Client/consumer name \_\_\_\_\_

If client is a minor, name of parent or guardian \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of current provider \_\_\_\_\_

**Optional** – Reason for requesting a change of provider \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have discussed these concerns with my current service provider:

Yes     No

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

### To File a Grievance:

Do **NOT** use this form. Instead, contact the QM Program directly or complete the File a Grievance Form available in each clinic's lobby or program's public waiting area.

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### FOR OFFICE USE ONLY

Date received: \_\_\_\_\_  Provider changed     Change of provider denied.

Reason: \_\_\_\_\_

\_\_\_\_\_

Date client notified: \_\_\_\_\_ New Provider Name: \_\_\_\_\_

Medical Director Approval Signature: \_\_\_\_\_

Send a copy of the completed Change of Provider Request Form to:

County of Marin Department of Health & Human Services  
Marin Mental Health Plan/Quality Management Program  
20 N. San Pedro Rd., San Rafael, CA 94903