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) 473-2960.

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: Y ☐ N ☐

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.

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