

CLIENT RIGHTS

Madera County mental health clients are entitled to:

- ◆ Respectful treatment with consideration for privacy by all Behavioral Health Services staff.
- ◆ Service provided in a safe environment.
- ◆ Receive information on treatment options.
- ◆ Request and receive a copy of medical records and request corrections.
- ◆ Participate in decisions regarding health care including the right to refuse treatment.
- ◆ Request a change in the level of care, change of provider and a second opinion regarding any treatment issue.
- ◆ Be free from restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

Mental Health Plan	(559) 673-3508
Toll free	(888) 275-9779
Patients' Rights Advocate	(559) 673-3508
Toll free	(888) 275-9779
State Ombudsman	(800) 896-4042
TTY	(800) 896-2512
Relay Services	711(English/Spanish)
Speech to Speech	(866) 288-1909
Email	MHOmbudsman@dhcs.ca.gov

Behavioral Health Director

Connie Moreno-Peraza, LCSW

(559) 673-3508

Toll free (888) 275-9779

TTY (800) 735-2929

CLIENT RIGHTS AND PROBLEM RESOLUTION GUIDE



MADERA COUNTY BEHAVIORAL HEALTH SERVICES

Please ask receptionist about your **right to free language assistance** services as well as alternative formats of this brochure. If you have **physical limitations**, we will help you find available, appropriate and accessible services.

GRIEVANCES

If you have a problem or grievance regarding mental health services, we encourage you to discuss those concerns with your therapist or program staff. You may also talk to the Quality Management Coordinator at **(559) 673-3508** or **(888) 275-9779**; or call the Patients' Rights Advocate at **(559) 673-3508** or the California Department of Mental Health Ombudsman at **(800) 896-4042**, or TTY **(800) 896-2512** or email MHombudsman@dhcs.ca.gov

If you are unable to resolve a concern about any aspect of service, you may at any time, for any reason file a grievance with the Quality Management Coordinator. A grievance may be filed verbally by calling **(559) 673-3508** or **(888) 275-9779**, or by completing a Grievance Form. If your grievance involves an imminent and serious threat to your health you may request an expedited resolution. Standard grievances must be resolved within 30 calendar days. Expedited resolutions must be resolved within 72 hours. Grievance forms and pre-addressed envelopes are available in the reception area of all clinics and provider offices. Grievance forms are also available on the Madera County Behavioral Health Services website:

www.maderacounty.com/government/behavioral-health-services.

The completed Grievance Form may be given to the Patients' Rights Advocate, Quality Management Coordinator, mailed in the envelope provided, or mailed to the following address:

**Madera County
Behavioral Health Services
Mental Health Plan**
P.O. Box 1288, Madera, CA 93639-1288

The Quality Management Coordinator will provide written acknowledgement within five (5) calendar days of receipt of your grievance.

You may designate someone to act on your behalf at any time. The Patients' Rights Advocate may be contacted at **(559) 673-3508 ext. 1270** to assist you in resolving grievances.



APPEALS

You have the right to file an appeal for any of the following adverse benefit determinations, regarding your mental health care that has been made by the Madera County mental Health Plan:

- Denial or limited authorization of a requested service;
- Reduction, suspension, or termination of previously authorized service;
- Denial, in whole or in part, of payment for a service;
- Failure to act within the timeframes for disposition of grievances and appeals;
- Failure to provide services in a timely manner, as determined by the MHP.

You have the right to present evidence, testimony, and make legal and factual arguments either in person or in writing within the 30-day time frame allotted for a Standard Appeal or within 72 hours for an Expedited Appeal. You may request an expedited appeal when a decision must be made quickly to protect the beneficiary's life, health, or ability to function at a maximum level. You have the right to review your case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by the MHP in connection with your appeal. This information will be provided free of charge and sufficiently in advance of the resolution timeframe. If needed, you may request a 14-day extension.

You may request a State Fair Hearing after the Appeal process has been completed. You may contact the Patients' Rights Advocate or the State Ombudsman listed below to assist in filing for a State Fair Hearing. All State Fair Hearing decisions are final.

YOUR MENTAL HEALTH SERVICES WILL NOT BE AFFECTED IN ANY WAY BY FILING A GRIEVANCE, APPEAL, OR REQUESTING A STATE FAIR HEARING.

SUGGESTIONS

Your suggestions are important in providing quality, effective services. Providers have (green) Suggestion Forms in service areas. Your suggestions are welcome and can be given directly to a staff member or Patients' Rights Advocate.

