

HOW TO SUBMIT COMPLAINT FORM



1. Drop Off:

- ◆ At the clinic where you received services
Attention: Privacy Officer
209 E. 7th Street
Madera, Ca 93638

2. By Mail:

- ◆ Madera County Behavioral Health Services
Attention: Privacy Officer
P.O. Box 1288
Madera, Ca 93639

3. By Fax:

- ◆ Madera County Behavioral Health Services
Attention: Privacy Officer
Fax Number: (559) 661-2818

(BHS Use Only)

Request received by: _____
Print Staff Name: _____
Job Title: _____
Program Site: _____
Date Received: _____
Date Sent to Privacy Officer: _____
Date Received by Privacy Officer: _____

■ **PRIVACY/SECURITY COMPLAINT FORM**

PO Box 1288
Madera, CA 93639-1288
559-673-3508
TTY: (800) 735-2929

Cal Relay Services Dial 711
Speech to Speech: 866-288-1909
www.madera-county.com

**EMERGENCY PSYCHIATRIC SERVICES
24-HOUR PHONE LINES**
559-673-3508
Toll Free 888-275-9779

■ **Madera County
Behavioral Health**

Information
& Health Privacy



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.

