



El Dorado County Behavioral Health, Substance Use Disorder Services

SUDSQualityAssurance@edcgov.us
 929 Spring Street, Placerville, CA 95667
 (T) 530-621-6146 (F) 530-295-2596

I have received information about the following items at the start of services:

Initial to
confirm
receipt

Information Provided to Medi-Cal Beneficiaries

	<p>El Dorado DMC ODS Member Handbook (Informing Materials) I acknowledge that I was offered a member handbook, as well as notified that I can, at any time, request the member handbook from any network provider or download a copy from our website.</p>
	<p>Beneficiary & Applicant Rights I acknowledge that I was notified of my rights and given the Member & Applicant Rights handout and Problem Resolution handout.</p>
	<p>What is a Grievance & Appeal Forms I acknowledge that I was notified of, and provided with both "What is a Grievance" and "What is an Appeal" handouts, which inform me of the procedures for filling a grievance, an appeal and how to request a State Fair Hearing.</p>
	<p>Interpreter Services, including visual, hearing and limited language proficiency (LLP). I acknowledge that I was provided with interpreter services including audio, visual or limited language proficiency or I declined these services because I do not need them.</p>
	<p>Notice of Privacy Practices Including CFR 42 Part 2 The Notice of Privacy Practices explains how we safeguard your treatment information. I acknowledge that I was provided with both CFR 42 Part 2 and Health Insurance Portability and Accountability Act (HIPAA) disclosures and understand my privacy rights as a beneficiary.</p>
	<p>I acknowledge that I was notified that I have the right to obtain any of these documents at any time by requesting them at any SUD provider site or going online to the County's website at https://www.edcgov.us/Government/MentalHealth/Pages/SUD.aspx</p>

I understand that if my contact information changes, I am responsible for updating this information with El Dorado County Health and Human Services Agency.

I, _____ (beneficiary's name), have been given information on the items checked above and have been given the opportunity to ask questions.

Beneficiary signature; Legal Representative of Beneficiary (if applicable)

_____ Date _____
 (Signature)

Staff Signature and contact number

_____ Date _____
 (Signature) (Phone number)