

Siskiyou County Behavioral Health Division

Client Grievance and Appeal Form

Client Rights

As a client of Siskiyou County Behavioral Health Division (BHD), you have the right to let us know if you are unhappy or dissatisfied with any matter at BHD.

You have the right to file a **grievance** with BHD for any dissatisfaction that you might have, *except if your dissatisfaction is about receiving a Notice of Adverse Benefit Determination from BHD.*

If you received a Notice of Adverse Benefit Determination and would like to appeal the decision given in the Notice of Adverse Benefit Determination (such as you were denied mental health services), you have the right to file an **appeal**.

Filing a Grievance

You can file a **grievance** using this Client Grievance and Appeal Form. BHD staff are available to assist you throughout the grievance process.

Please return the completed Client Grievance and Appeal Form to BHD. You may give it to staff or mail it in one of the self-addressed envelopes provided in the office.

After you return the completed Client Grievance and Appeal Form to BHD, you will receive a written notice that we have received your grievance. We will review your grievance and write to you to let you know our decision within ninety (90) calendar days from the date that we received your grievance.

Filing an Appeal

You can file an **appeal** using this Client Grievance and Appeal Form. BHD staff are available to assist you throughout the appeal process.

Please return the completed Client Grievance and Appeal Form to BHD. You may give it to staff or mail it in one of the self-addressed envelopes provided in the office.

You can present evidence in favor of your appeal during the Appeal Process, in writing or in person. You, or your representative, also have the right to examine your chart and any other documents that are relevant to your Appeal.

After you return the completed Client Grievance and Appeal Form to BHD, you will receive a written notice that we have received your appeal. We will review your appeal and write to you to let you know our decision within thirty (30) calendar days from the date that we received your appeal.

Our written decision to you will include information about your right to file for a State Fair Hearing and how to do so. It will also include information about how, in certain situations, to keep your current services while you are waiting for the hearing.

Client Contact Information

Client Name: _____ ID#: _____

Street Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Problem Description

I am filing a **grievance**. I am filing an **appeal**.

I am filing an **expedited appeal**.*

Describe your grievance or appeal. If you are filing an appeal, please include a copy of the Notice of Adverse Benefit Determination that you received, if possible.

Assigning a Representative

You may authorize another person, including a provider, to act on your behalf during the grievance and appeal process. To authorize another person to act on your behalf, please complete the following information.

For the purpose of resolving this Appeal, I authorize the following person to act on my behalf:

Representative Name: _____
Street Address: _____
City: _____ Zip Code: _____
Phone Number: _____

By signing this form, I authorize BHD staff to contact my personal representative with information about my grievance or appeal.

Signature **Date**

Authorization to Contact Providers (Appeals only)

I authorize BHD staff to contact any involved provider in order to resolve my appeal. BHD is also authorized to discuss any and all information that is needed to evaluate and resolve this appeal.

Signature **Date**

You may qualify for Aid Paid Pending if you file a timely request for an appeal or state fair hearing. For more information, see the BHD Client Problem Resolution Guide.

*You have a right to file an expedited appeal if your life, health, or ability to function will be affected by the standard appeal process; however, we have a right to deny the request for an expedited appeal and handle the request as outlined in this form. For more information, see the BHD Client Problem Resolution Guide or ask a BHD staff person.