

**COUNTY OF SOLANO - DEPARTMENT OF HEALTH & SOCIAL SERVICES
BEHAVIORAL HEALTH DIVISION**

Acknowledgement of Receipt

I have received the following items at the start of service with this Behavioral Health Plan (MHP). In addition, I understand that I may receive any of the following information upon request. I have also been informed that alternative formats are available and have been given information on how to access these formats.

Initial all that apply	Documents Provided (additional copies available at the link below) www.solanocounty.com/depts/bh/access_to_services/default.asp		
	Notice of Privacy Practices This notice tells you how your service provider may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you.		
	Beneficiary Handbook - Specialty Mental Health Services This guide contains information on how a member is eligible for mental health services, how to access mental health services, who our service providers are, what services are available, what your rights are, our Grievance and State Fair Hearing process, and important phone numbers regarding our MHP (e.g. crisis numbers including Solano County Crisis Stabilization at 707-428-1131).		
	Advance Directives Fact Sheet (Age 18 & older) This fact sheet explains your rights to make decisions about your medical treatment. It includes how to appoint a health care agent who can make decisions on your behalf and how to change your directives at anytime.	Do you have an Advance Directive?	Please circle: Yes No N/A
		If Yes, can you provide a copy for our Records?	Please circle: Yes No N/A
	Solano County MHP Provider Directory The MHP Provider Directory is a list of MHP Providers in our community. You may contact the MHP Access Unit at 1-800-547-0495 for further information.		
	Beneficiary Rights and Problem Resolution Guide This guide provides you with information on how to use the Problem Resolution Process including filing a grievance, appeal, or expedited appeal, and requesting a State Fair Hearing.		
	BBS Notice to Clients This notice is provided to each client stating how and where a complaint can be filed.		

SOLANO COUNTY BEHAVIORAL HEALTH DIVISION ACKNOWLEDGEMENT OF RECEIPT <i>Confidential Patient Information</i> See California Welfare and Institutions Code Section 5328 and Health Information Portability and Accountability Act Privacy and Security Rules Page 1 of 2	CLIENT NAME:
	MEDICAL RECORD #:

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Acknowledgement of Receipt

I have received a copy, or information on how to access an electronic copy, of the documents I initialed on this two-page Acknowledgment of Receipt. I have had a chance to ask questions regarding these documents.

Client Signature:		Date:
Print Name of Client's Authorized Representative (if applicable):	Relationship to Client:	
Signature of Client's Authorized Representative (if applicable):		Date:

<p align="center">SOLANO COUNTY BEHAVIORAL HEALTH DIVISION ACKNOWLEDGEMENT OF RECEIPT <i>Confidential Patient Information</i> See California Welfare and Institutions Code Section 5328 and Health Information Portability and Accountability Act Privacy and Security Rules Page 2 of 2</p>	CLIENT NAME:
	MEDICAL RECORD #: