Trinity County Behavioral Health Services

Consumer Rights

Quality Assurance Management 1450 Main Street/P.O. Box1640 Weaverville, CA 96093 530-623-5703 / 888-624-5820

We respect our clients/consumers and their rights. A partial list of these rights is listed below. For a complete list or for assistance with the Problem Resolution Process, contact the **Quality Assurance and Compliance Coordinator (QACC)** at **530-623-1362**.

Consumers are entitled to:

- Receive timely access to services.
- Be treated with dignity, respect, and the utmost consideration for your privacy.
- Receive information about treatment options and alternatives, presented in a language you can understand.
- Participate in decisions regarding your health care, including the right to refuse treatment.
- ◆ Receive a copy of your medical records upon request and ask that they be amended or corrected, unless precluded by HIPAA regulations.
- ◆ Obtain a list of individual providers, community agencies, and county clinics in your service area, including names, locations, telephone numbers, non-English languages spoken, and identification of those not accepting new clients. This list can be obtained by calling 530-623-1362.
- Request to change your provider, a second opinion, or a change in level of care.
- File a grievance, appeal, or a request for a State Fair Hearing (SFH) without retaliation.

Problem Resolution Process

Clients/consumers have the right to file grievances, appeals and, in some cases, State Fair Hearings (SFH) (see below). If you have concerns about the services you are receiving, contact the **Quality Assurance and Compliance Coordinator**. The QACC can assist with problem resolution, filing a grievance, appeal or requesting a SFH.

Grievance Procedure

You may file a grievance if you are dissatisfied with the behavioral health services you receive. Grievances may be filed orally or in writing. The QACC will document, investigate, and coordinate the response to your grievance. A resolution to a standard grievance will be reached no later than 30 calendar days following receipt of the grievance.

Appeal Procedure

If TCBHS denies or modifies a service that your provider requested, you may file an appeal.

Appeals can be filed orally or in writing, but an oral appeal must be followed by a written request.

Appeals are addressed promptly, but at least within 30 calendar days.

Expedited Appeal

If a client and/or a client's provider decide that a standard appeal resolution could seriously jeopardize the client's life, health or ability to attain, maintain, or regain maximum function, an expedited appeal may be requested and granted. Expedited appeal decisions will be resolved and affected parties will be notified in writing, within 72 hours.

State Fair Hearings (SFH)

If you have Medi-Cal and are dissatisfied with TCBHS's response to an appeal, or you received a Notice of Action (NOA), you may request a SFH after exhausting the County's internal problem resolution process. If you need assistance requesting a hearing, contact the TCBHS QACC at 530-623-1362 or the State Hearings Division at 800-952-5253. If your request is filed within 10 days of receipt of the County's

days of receipt of the County's appeal decision, your existing level of services may stay the same pending the outcome of the SFH.