

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES

Informational Brochures & Material Provided to All Consumers at Time of Initial Access to Services.

Consumer Name: _____ Date: _____

Consumer acknowledges receipt of each item by initialing beside each title:

Please Note: all informational materials are subject to change. If there are significant changes, you will be notified by mail at least thirty (30) days before the intended effective date of change. If you have any questions, please contact:

Trinity County Behavioral Health Services
P.O. Box 1640 Weaverville, CA 96093-1640 530-623-1362

- _____ Program Description and Consumer Guide
- _____ Notice of Privacy Practices
- _____ Continuity of Care Disclosure
- _____ List of Trinity County Behavioral Health Providers
- _____ Notice to Clients to contact Board of Behavioral Science with complaints for services provided.
- _____ Information Sheet on Mental Health Advance Care Directives (*Advance Directives*)
- _____ Advance Health Care Directive Form
- _____ Problem Resolution Guide (*how to address grievances*)
- _____ Estimated UMDAP (*3rd page of Financial*)
- _____ Guide to Medi-Cal MH Services (Beneficiary Booklet) available in Lobby or upon request.
(**Declined information**)

Client/Consumer Signature

Date

Inability to Obtain Acknowledgement

Complete this section only if the client/consumer's initials and signature are not obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement and the reasons why the acknowledgement was not obtained:

Signature of TCBHS Representative

Date