

RIVERSIDE COUNTY MENTAL HEALTH PLAN INFORMING MATERIAL REORDER FORM

Attachment 29

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| PROVIDER NAME: | |
| PROVIDER CONTACT NAME: | |
| PROVIDER ADDRESS: | |
| PROVIDER TELEPHONE: | |
| If a Riverside County Mental Health Clinic: Mail Stop Number: | |

Please use this form to reorder Riverside County Mental Health Plan brochures and/or poster/flyers that you may need. Place a check mark inside the box next to each item needed. Please put amount requested of English and/or Spanish. Please note that the maximum order per brochure is 50. The maximum per Provider Report (Listing) is 10.

Please check box for items needed and enter quantity for each language option.

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|--------------------------|-------------------|-------------------|--|
| <input type="checkbox"/> | English _____ | Spanish _____ | Riverside County Guide to Medi-Cal Mental Health Services Handbook – This handbook must be given to each of your Riverside County Medi-Cal beneficiaries during the initial intake. It gives them important information about their treatment in the Mental Health Plan. <input type="checkbox"/> This handbook is for Medi-Cal beneficiaries only. NOT FOR RCHC CONSUMERS. |
| <input type="checkbox"/> | English Max 10 | Spanish Max 10 | Provider Report (Listing) – Consumers must be provided with a copy of the Provider Report (Listing) upon request, when the consumer initially accesses services and annually thereafter as long as the consumer remains in treatment. |
| <input type="checkbox"/> | English _____ | Spanish _____ | Notice of Privacy Practices. (HIPAA) Form – Notice of Privacy Practice form describing how the County of Riverside may use and disclose the personal health information of the consumer and how the consumer can obtain access to this information. Packet contains the “Acknowledgement of Receipt” of this information that must be kept in the consumer’s chart. |

THE FOLLOWING MUST BE DISPLAYED IN AN AREA (WAITING ROOM) THAT IS VISIBLE TO ALL CONSUMERS RECEIVING MENTAL HEALTH SPECIALTY SERVICES:

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|--------------------------|--------------------------|------------------|--|
| <input type="checkbox"/> | English _____ | Spanish _____ | Appeal/Grievance Procedure/Form Booklet – This brochure must be available to all consumers. It provides the consumer with information on their rights and how to proceed if not satisfied with the mental health services being received. |
| <input type="checkbox"/> | English _____ | Spanish _____ | Your Right to Make Decisions About Medical Treatment Brochure – Information about Advance Directive. Must be given to each consumer at intake. |
| <input type="checkbox"/> | _____ | | Quality Improvement Envelopes – Return completed appeal/grievance forms. |
| <input type="checkbox"/> | English _____ | Spanish _____ | Riverside County Medi-Cal/RCHC Beneficiaries 800 Number Poster – Must be posted in an area where consumers can read its content. FOR POSTING ONLY. NOT TO BE DISTRIBUTED. |
| <input type="checkbox"/> | English/Spanish _____ | | Notice About Translation Services Poster – Both English and Spanish on same form. Must be posted in an area where consumers can read its content. FOR POSTING ONLY. NOT TO BE DISTRIBUTED. |
| <input type="checkbox"/> | English _____ | Spanish _____ | Grievance Poster – Must be posted in an area where consumers can read its content. FOR POSTING ONLY. NOT TO BE DISTRIBUTED. |
| <input type="checkbox"/> | English _____ | Spanish _____ | Medical Doctor Notice to Consumer Poster – Must be posted in an area where consumers can read its content. MDs ONLY - FOR POSTING ONLY. NOT TO BE DISTRIBUTED. |

Please fax your request to 951-955-7361. No telephone orders please.