

COUNTY OF SACRAMENTO
DEPARTMENT OF HEALTH & HUMAN SERVICES, DIVISION OF BEHAVIORAL HEALTH SERVICES
Acknowledgement of Receipt

I have received the following items at the start of service with this Provider,
 In addition, I understand that I may receive any of the following information upon request:

✓ Check all that apply	Document Provided				
N/A	Sacramento County Mental Health Plan Notice of Privacy Practices The Notice of Privacy Practices tells you how the County of Sacramento may use or disclose information about you. Not all situations will be described. The County of Sacramento is required to give you a notice of our privacy practices for the information we collect and keep about you.				
	Provider Notice of Privacy Practices Provider/Agency Name: <u>River Oak Center for Children</u> The Provider/Agency Notice of Privacy Practices tells you how our agency may use or disclose information about you. Not all situations will be described. Our agency is required to give you a notice of our privacy practices for the information we collect and keep about you.				
	Sacramento County MHP "Guide to Medi-Cal Mental Health Services" The MHP "Guide to Medi-Cal Mental Health Services" 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 and responsibilities are, our Grievance and State Fair Hearing process and includes important phone numbers regarding our Mental Health Plan.				
Age 18+	Advance Directive Brochure The Advance Directive Brochure 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?	Yes	No	NA
		If Yes, can you provide a copy for our Medical Records?	Yes	No	NA
	Sacramento County MHP Provider list The MHP Provider list is a list of contracted MHP Providers in our community. The County ACCESS Teams authorize all outpatient non-emergency services. You may contact the MHP County ACCESS Teams for further information regarding this list of Providers.				
Age 18+	Voter Registration Information Voter Registration forms enable an eligible citizen to vote in scheduled elections. Voter Preference Forms indicate whether or not an individual is registered to vote, would like to register to vote, or does not want to register to vote. The completed form will be kept in the record for two years. An individual may request assistance with registering to vote and all information is confidential.				

I, _____ (Print client's name), have been given a copy of the above checked documents and have had a chance to ask questions regarding these documents.

Client Signature:	Client ID:	Date:
Legal or Personal Representative of Client Signature (If applicable):	Relationship to Client:	Date: