

PLEASE READ AND SIGN BELOW:

You may authorize another person to act on your behalf and this representative may use the Grievance process if requested by you. Any staff person can assist you throughout the Grievance process and keep you informed of the status of your Grievance. The Mental Health Plan (MHP) will ensure that you are not subject to any discrimination or penalty for filing a Grievance. You may examine your case file at any time, including medical records and any other documents and records considered during the Grievance process.

If you need further information regarding the Grievance process, please call the El Dorado Patients' Rights Advocate at (530) 621-6183 or (800) 929-1955.

For the purpose of resolving this Grievance, I authorize the following person to act on my behalf or help me with the Grievance process:

Name and phone number of my representative:	
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I also understand that the Quality Management Supervisor (or designee) will be authorized to contact my representative (as named above). The Quality Management Supervisor will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this Grievance.

Signature

Date

When you have completed, signed, and dated this form please mail it to:

Patients' Rights Advocate
768 Pleasant Valley Road, Suite 201
Diamond Springs, CA 95619