**Shasta County Mental Health Plan**

**Informing Materials Request Form**

Below is a List of “Informing Materials” (brochures and posters), to be displayed

on site and made accessible to Shasta County Medi-Cal beneficiaries. You can order additional informing materials by emailing this completed form to the Compliance & Quality Improvement team at [**hhsamcc@co.shasta.ca.us**](mailto:hhsamcc@co.shasta.ca.us)**.**

**Name of Person/Agency Making Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact information of Requestor- Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name of Form** | **Quantity Needed of Each Item** | **Date & Quantity Sent (for County Staff)** |
| **Materials for display and distribution:** | | |
| Appeal Form |  |  |
| Grievance Form |  |  |
| Change of Provider Form |  |  |
| Advance Healthcare Directive Brochure |  |  |
| Self-Advocacy Brochure |  |  |
| Patients’ Rights Brochure |  |  |
| Introduction to Online Information Brochure (Provider Directory information included) |  |  |
| Beneficiary Handbook |  |  |
| Language Assistance Taglines |  |  |
| Notice of Privacy Practices for Protected Health Information (PHI) Brochure |  |  |
| EPSDT-Early and Periodic Screening, Diagnostic and Treatment Notification |  |  |
| Shasta County MHP Confirmation of Notification to Client (Internal Form) |  |  |
| **Posters for Display:** | | |
| State Fair Hearings Rights Poster |  |  |
| Language Assistance Poster |  |  |
| Mental Health Patient’s Rights Poster |  |  |
| Grievance Procedure Poster |  |  |
| Appeal Procedure Poster |  |  |
| State Fair Hearing Poster |  |  |

Revised 12/08/2022