



Yolo County Mental Health Plan

Acknowledgement of Receipt

I have received information about the following items at the start of services:

✓ Check confirms receipt	Information Provided to Medi-Cal Beneficiaries
	<p>Guide to Medi-Cal Mental Health Service (Informing Materials) The Guide explains how to get Medi-Cal mental health services through Yolo County and tells you about the Medi-Cal program.</p>
	<p>Problem Resolution Information The Problem Resolution Guide explains your rights to file a grievance, appeal, and expedited appeal, and your right to request a State Fair Hearing.</p>
	<p>Advance Directive Brochure The Advance Directive Brochure explains your rights to have a written document in place that describes your directions for treatment during times when you are having difficulty communicating and making decisions.</p>
	<p>Interpreter Services, including visual, hearing and limited language proficiency (LLP). Check if N/A <input type="checkbox"/>, or Client accepted Interpreter <input type="checkbox"/>, or Audio/Visual <input type="checkbox"/>, or LLP <input type="checkbox"/>. Clients may select, but are not required to use a family member for interpreter services. Clinicians will assess the need for services during the intake process.</p>
	<p>Yolo County Mental Health Plan (MHP) Provider List This is a list of Yolo County MHP contract Providers. You may contact the MHP for further information regarding this list.</p> <p style="text-align: center;">Toll-Free (All Services): 1-888-965-6647 TDD: 1-800-735-2929</p>
	<p>Notice of Privacy Practices The Notice of Privacy Practices explains how we safeguard your treatment information.</p>
	<p>I <u>give permission</u> / <u>do not give permission</u> (circle one) for ADMH staff to leave phone messages for me at (____)_____. I understand if my contact information changes, I am responsible for updating this information with ADMH. If, at any time, I would like to revoke given permission, I will submit it in writing to ADMH staff.</p> <p>_____</p> <p style="text-align: center;">CLIENT'S OR LEGAL REPRESENTATIVE'S INITIALS</p>

I, _____ (client's name), have been given information on the items checked above and have been given the opportunity to ask questions.

 Client signature; Legal Representative of Client (if applicable)

 Date

 Staff Signature

 Date