COUNTY OF SACRAMENTO
DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
MENTAL HEALTH PLAN

Acknowledgement of Receipt

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

✔ Check all that apply	Document Provided
☐	**Notice of Privacy Practices** The Notice of Privacy Practices for County of Sacramento health care providers and health care plans 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 and how you can get access to this information.
☐	**Sacramento County Mental Health Plan (MHP) Member Handbook** The MHP Member Handbook 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.
☐	**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 your Medical Record?	**Yes** ☐	**No** ☐	**NA** ☐

☐	**Sacramento County Mental Health Plan (MHP) Provider list** This list includes all of our MHP Providers in our community. The County ACCESS Teams assigns outpatient non-emergency services. The County Assess Team also authorizes MHP services that require authorization. You may contact the MHP County ACCESS Team at 916-875-1055 for further information regarding this list of Providers. To access the MHP Provider list online: https://dhs.saccounty.net/BHS/Pages/GI-Mental-Health-Providers.aspx
☐	**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:**