

1196–Informing Materials Client Acknowledgment

Dear Consumer, this packet will provide you with information related to treatment, office procedures, and regulations from the state. Please review and bring questions or concerns to your appointment so they may be addressed with a provider. A copy of this form will be offered to you.

Check if you would like a copy	Item	Explanation
<input type="checkbox"/>	Voter Preference Form (age 16+; client signature required)	You may start the Voter Registration Application process, if you are interested.
<input type="checkbox"/>	Advanced Directive (age 18+)	This is about your right to make healthcare decisions and how you can plan now for your medical care if you are unable to speak for yourself in the future.
<input type="checkbox"/>	Beneficiary Handbook	This notice explains how Medi-Cal behavioral health services may be obtained from DHHS-Behavioral Health.
<input type="checkbox"/>	Provider List	This is an online list of Humboldt County DHHS-Behavioral Health providers. You may also request a paper copy.
<input type="checkbox"/>	Problem Resolution Guide	This guide explains your rights in the problem resolution process and how you can make complaints or file a grievance.
<input type="checkbox"/>	Notice of Privacy Practices	This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

My signature below acknowledges that I have been offered, and received or declined, the documents listed above, including a copy of Humboldt County Department of Health and Human Services (DHHS) Notice of Privacy Practices, which describes how my health related information is used and shared. I understand that Humboldt County DHHS has the right to change this notice at any time. I may obtain a current copy by asking for one at front reception at 720 Wood Street, Eureka, CA; contacting DHHS-Behavioral Health at (707) 268-2900; or by visiting Humboldt County DHHS's website at www.humboldt.gov.org.

Client Signature


Date

Parent/Guardian Signature (if applicable)

Date

Staff Signature

Date

	DHHS-Behavioral Health Outpatient Services 720 Wood Street Eureka, CA 95501	Client Name	
		Date of Service	Client ID
		Date of Birth	