



Name _____
MR# _____

## Acknowledgement of Receipt of Materials

**Client's Name** \_\_\_\_\_

\_\_\_\_\_ I have been informed about and offered the Grievance Process & Appeal Process  
 initial handout (BHS 315E).

If You Are to Receive Mental Health Treatment Services	If You Are to Receive Substance Use Disorder Services
<p>_____ I received a copy of the <b><i>Mental Health</i></b>            initial <b><i>Plan Beneficiary Handbook</i></b> and the  <b><i>BHS Provider Directory</i></b>.</p> <p>_____ I do <b>not</b> want a copy of the <b><i>Mental</i></b>            initial <b><i>Health Plan Beneficiary Handbook</i></b>            and the <b><i>BHS Provider Directory</i></b>.</p>	<p>I have received these materials:</p> <p>_____ Client Rights            initial</p> <p>_____ Determining Liability for Uninsured            initial Underinsured Members</p> <p>_____ I received a copy of the <b><i>DMC-</i></b>            initial <b><i>Organized Delivery System</i></b>  <b><i>Beneficiary Handbook</i></b> and <b><i>BHS</i></b>  <b><i>Provider Directory</i></b>.</p> <p>_____ I do <b>not</b> want a copy of the <b><i>DMC-</i></b>            initial <b><i>Organized Delivery System</i></b>  <b><i>Beneficiary Handbook</i></b> and <b><i>BHS</i></b>  <b><i>Provider Directory</i></b>.</p>

My signature or mark below indicates that these are my initials above:

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Signature or Mark:** \_\_\_\_\_

**If signed by someone other than the client, please state your legal relationship to the client:** \_\_\_\_\_

To obtain online information, please go to:

- <https://www.sf.gov/departments/department-public-health/behavioral-health>