



## Mental Health Plan Beneficiary Material Order Request Form

Electronic, printable versions of all forms are available online at [www.optumsandiego.com](http://www.optumsandiego.com)

**Organization/Contact Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

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

**E-mail:** \_\_\_\_\_

**Delivery Method:**       MAIL                       PICK-UP

Material Name	English	Spanish	Arabic	Tagalog	Vietnamese	Farsi
<b>Notices &amp; Brochures</b>						
* County of San Diego MHP Beneficiary Handbook						
* Quick Guide to Mental Health Services						
* Advance Directive Brochure						
Recovery Brochure						
Physician's Note to Patients – California Regulation						
MHP Notice of Privacy Practices (County Programs Only)						
<b>Grievance and Appeals</b>						
* Grievance and Appeal Procedures Brochure						
* Grievance and Appeal Form						
* Self-Addressed Envelopes for Grievances and Appeals						
<b>Posters</b>						
* Grievance and Appeal Poster						
* Limited English Proficiency Poster						
* Access & Crisis Line Poster						
<b>Informational Directories</b>						
FFS Provider List						
BHS Provider Directory						

\* Materials marked with an asterisk are required.

**Please Note:** Maximum Order Quantity is 50.

Please send your request by email or fax.  
[sdoutreach@optum.com](mailto:sdoutreach@optum.com)

Fax: 619-641-6801, Attention: Outreach