



Beneficiary Packet Materials Order Request Form

This form is for hard copy requests only.

All forms are available in the electronic format on www.optumsandiego.com.

To request a **hard copy** of Mental Health Plan materials, please complete the form below by indicating the number of copies you would like to receive in the designated box for your preferred language. If you would like to receive the materials in the **audio** or **large print** formats, please contact BHSQIPIT@sdcounty.ca.gov.

Program Name:						
Contact Person:					Phone Number:	
PLEASE CHECK:	<input type="checkbox"/> Inpatient or 24 hour care facility			<input type="checkbox"/> Outpatient		
County of San Diego Mental Health Plan Materials	<i>Specify amount needed in the preferred language box</i>					
	English	Spanish	Vietnamese	Arabic	Tagalog	Farsi
County of San Diego Guide to Medi-Cal Mental Health Services						
Quick Guide to Mental Health Services for Adults, Older Adults, and Children brochure						
Grievance and Appeal Procedures brochure						
Grievance and Appeal Client Form						
Self-Addressed envelopes for grievances and appeals						
Grievance and Appeal poster						
MHP's Notice of Privacy Practices (MHP-NPP)						
Advance Directive brochure						
Access and Crisis Line posters						
Limited English Proficiency (LEP) posters						
Recovery Brochures						
Fee-For-Services Provider List						
Behavioral Health Services Provider Directory						
California Regulation-Physicians Notice to Patients						

Mail or fax requests to ATTN: Reception Desk

Mailing Address	Interoffice Mail	Fax
Health and Human Services Agency Behavioral Health Services Division 3255 Camino del Rio South San Diego, CA 92108	Mail Stop P531-J	(619) 584-5034

Questions? (619) 563-2700