

## ACKNOWLEDGEMENT OF RECEIPT

### BENEFICIARY HANDBOOK, SPECIALTY MENTAL HEALTH SERVICES

By signing this form, you acknowledge you have been offered a copy of our **Beneficiary Handbook, Specialty Mental Health Services**. Our **Beneficiary Handbook** gives you information about our mental health treatment services, access to services, your rights as a beneficiary, and the problem resolution process should you be dissatisfied with anything concerning our services. Please read the handbook carefully. You may ask your provider or contact Santa Clara County, Behavioral Health Services with any questions you may have regarding your services.

Our **Beneficiary Handbook** is subject to change. If we change our handbook, we will post the revisions at our treatment facilities and you may obtain a copy when you come to any of our treatment facilities for services or treatment. You will also receive a notice of any significant change to the information contained in the handbook at least 30 days before the intended effective date of the change.

I hereby acknowledge receipt of the **Beneficiary Handbook** of Santa Clara County, Mental Health Plan, Specialty Mental Health.

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

Signature: \_\_\_\_\_ (beneficiary/advocate for beneficiary)

Name: \_\_\_\_\_ (beneficiary/advocate, please print)

### INABILITY TO OBTAIN ACKNOWLEDGEMENT

This portion must be completed only if no signature can be obtained. If it is not possible to obtain the beneficiary's acknowledgement, describe good faith efforts made to obtain the acknowledgement, and the reasons why the acknowledgement could not be obtained.

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

Signature: \_\_\_\_\_ (treatment provider, title)

Name: \_\_\_\_\_ (treatment provider, please print)



Call your MHP at 1 (800) 704-0900. Santa Clara County – Behavioral Health Services  
Department available 24/7. The call is free. Or visit online at <https://www.sccgov.org/sites/bhd>