

**Mental Health Plan – Department of Mental Health
REQUEST FOR CHANGE OF PROVIDER**

MONTHLY LOG

This log is to be maintained by each Program Manager for the program(s) for which he/she is responsible. A completed entry shall be made for each "Request for Change of Provider" form received during each month. A copy shall be sent to the Beneficiary Services Program in the Patients' Rights Office by the tenth (10th) working day following the month for which the log is completed.

Month: _____ Year: _____

Check here if no requests were received during this month []

Date Received	Date of Request	Consumer's Name	Current Provider	New Provider	Reason(s) for Request (Use Letter Code Below)	Reason Why Request Was Not Granted	Medi-Cal Beneficiary	
							YES	NO

- | | | | | |
|------------------------------------|-----------------------------------|---|--------------------------------------|--------------------------------|
| A = Time/Schedule Change | E = Treating family member | I = I want previous provider | L = Insensitive/Unsympathetic | O = Not a good match |
| B = Language | F = Treatment concerns | J = I want 2 nd opinion | M = Not professional | P = Other |
| C = Age (too old/too young) | G = Medication concerns | K = Uncomfortable | N = Does not understand me | R = Reason not provided |
| D = Gender (male/female) | H = Lack of Assistance | | | |

REPORTING UNIT

PROGRAM MANAGER'S SIGNATURE

DATE

This confidential information is provided to you in accordance with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by Law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Program Name: _____

Program Manager's Name: _____

PROTECTED HEALTH INFORMATION (PHI)

Los Angeles County – Department of Mental Health