



**DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
SUBSTANCE USE PREVENTION AND TREATMENT SERVICES**

**Acknowledgement of Receipt**

I have received the following items at the start of service with this provider. I understand that I may receive any of the following information upon request.

✓ Check all that apply	Document Provided				
	<b>Notice of Privacy Practices</b> The Notice of Privacy Practices for the County of Sacramento health care providers and health care plans tells you how our agency may use or disclose information about you. Not all situations will be described. Our agency is required to give you a notice of our privacy practices for the information we collect and keep about you and how you can get access to this information.				
	<b>Sacramento County Drug Medi-Cal Organized Delivery System Member Handbook</b> This handbook contains information on how a member is eligible for alcohol and drug services, how to access alcohol and drug services, who our service providers are, what services are available, what your rights and responsibilities are, our Grievance and State Fair Hearing process, and important phone numbers regarding our Drug Medi-Cal Delivery System Plan.				
	<b>Advance Directive Brochure</b> This brochure explains your rights to make decisions about your medical treatment. It includes how to appoint a health care agent who can make decisions on your behalf and how to change your directives at anytime.	Do you have an Advance Directive?	Yes	No	NA
		If Yes, can you provide a copy for your Medical Record?	Yes	No	NA
	<b>Sacramento County Substance Use Treatment Services Provider Directory</b> This directory includes contracted agencies that provide alcohol and drug treatment services and other resources in our community. The Sacramento County System of Care Team authorizes all services and referrals to service provider sites. You may contact the Sacramento County System of Care Team at 916-874-9754 or 1-888-881-4881 for further information regarding this directory of providers. To access the treatment provider directory online: <a href="https://dhs.saccounty.net/BHS/Documents/SUPT/GI-BHS-SUPT-DMC-ODS-Provider-Directory-English.pdf">https://dhs.saccounty.net/BHS/Documents/SUPT/GI-BHS-SUPT-DMC-ODS-Provider-Directory-English.pdf</a>				

I, \_\_\_\_\_ (print client's name), have been given a copy of the above checked documents and have had a chance to ask questions regarding these documents.

<b>Client Signature:</b>	<b>Client ID:</b>	<b>Date:</b>
<b>Legal or Personal Representative of Client Signature (If applicable):</b>	<b>Relationship to Client:</b>	<b>Date:</b>