



Behavioral Health Services Department  
Quality Assurance Program  
PO Box 28504  
San Jose, California 95159-8504  
Tel. (408) 793-5894  
Fax. (408) 288-6113

## Acknowledgement of Appeal

Date

Name of Beneficiary  
Address  
City, State Zip

Treating Provider's Name  
Address  
City, State Zip

RE: Service Requested

Santa Clara County – Behavioral Health Services Department (SCC-BHSD) has received your Expedited Appeal on **DATE**. Thank you for making us aware of your concerns. SCC-BHSD will work on resolving your Expedited Appeal within 72 hours.

Please be aware that you have the right to continue services at your current provider or access care at Mental Health Urgent Care (MHUC) at 871 Enborg Ct, San Jose, CA 95128. MHUC can also be reached seven days a week, 8:00 AM to 10:00 PM PST, at 408.885.7855. If you have trouble speaking or hearing, please call TTY/TTD number at 800.855.7100 or 711.

**If you need this notice and/or other documents in an alternative communication format such as large font, Braille, or an electronic format, or, if you would like help reading the material, please contact SCC-BHSD by calling 408.793.5894.**

For any questions regarding this notice, you may call SCC-BHSD Monday through Friday, 8:00 AM to 5:00 PM PST, excluding holidays, at 408.793.5894. If you have trouble speaking or hearing, please call TTY/TTD number at 800.855.7100 or 711 for help. Thank you for your time and the opportunity to assist you through this process.

Sincerely,

**QIC Name, Credential**

Santa Clara County-Behavioral Health Services Department  
Department of Quality Assurance  
Phone 408.793.5894  
Fax 408.288.6113



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Enclosures: Beneficiary Non-Discrimination Notice  
Language Assistance Taglines

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## **NONDISCRIMINATION NOTICE**

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Discrimination is against the law. Santa Clara County – Behavioral Health Services Department (SCC-BHSD) follows Federal civil rights laws. SCC-BHSD does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

SCC-BHSD provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact SCC-BHSD Monday through Friday, 8:00 AM to 5:00 PM PST, excluding holidays, at 408.793.5894. If you have trouble speaking or hearing, please call TTY/TTD number at 1.800.855.7100 or 711.

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## **HOW TO FILE A GRIEVANCE**

If you believe that SCC-BHSD has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a Grievance with SCC-BHSD. You can file a Grievance by phone, in writing, in person, or electronically:

By phone: Contact SCC-BHSD Monday through Friday, 8:00 AM to 5:00 PM PST, excluding holidays, at 408.793.5894. If you have trouble speaking or hearing, please call TTY/TTD number at 1.800.855.7100 or 711.

- In writing: Fill out a Grievance form, or write a letter and send it to:

SCC-BHSD-QA  
P.O. Box 28504  
San Jose, CA 95159-8504

- In person: Visit your provider's office or SCC-BHSD and say you want to file a Grievance.
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### **OFFICE OF CIVIL RIGHTS**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1.800.368.1019**. If you cannot speak or hear well, please call **TTY/TDD 1.800.537.7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.j>

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## LANGUAGE ASSISTANCE

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### **English**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1.800.704.0900 (TTY: 1.800.855.7100 or 711).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call 1.800.704.0900 (TTY: 1.800.855.7100 or 711).

### **Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.704.0900 (TTY: 1.800.855.7100 or 711).

### **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.704.0900 (TTY: 1.800.855.7100 or 711).

### **Tagalog (Tagalog – Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.704.0900 (TTY: 1.800.855.7100 or 711).

### **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.704.0900 (TTY: 1.800.855.7100 or 711) 번으로 전화해 주십시오.

### **繁體中文(Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.704.0900 (TTY: 1.800.855.7100 or 711)。

### **Հայերեն (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1.800.704.0900 (TTY: 1.800.855.7100 or 711).

### **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.704.0900 (TTY: 1.800.855.7100 or 711).

### **فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1.800.704.0900 (TTY: 1.800.855.7100 or 711) تماس بگیرید.

### **日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。  
1.800.704.0900 (TTY: 1.800.855.7100 or 711) まで、お電話にてご連絡ください。

### **Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.704.0900 (TTY: 1.800.855.7100 or 711).

### **ਪੰਜਾਬੀ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।  
1.800.704.0900 (TTY: 1.800.855.7100 or 711) 'ਤੇ ਕਾਲ ਕਰੋ।

### **العربية (Arabic)**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

1.800.704.0900 (رقم هاتف الصم والبكم: 1.800.855.7100 or 711)

**हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1.800.704.0900 (TTY: 1.800.855.7100 or 711) पर कॉल करें।

**ภาษาไทย (Thai)**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1.800.704.0900 (TTY: 1.800.855.7100 or 711).

**ខ្មែរ (Cambodian)**

ប្រយ័ត្ន: អ្នកដែលនិយាយភាសាខ្មែរ, រសវាជំនួយមននកភាសា រោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក មុន ចូល ទូរស័ព្ទ 1.800.704.0900 (TTY: 1.800.855.7100 or 711)។

**ພາສາລາວ (Lao)**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.704.0900 (TTY: 1.800.855.7100 or 711).