SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

Alcohol & Other Drugs
310 Harbor Boulevard
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Belmont, CA 94002
650-802-6400 T
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smchealth.org

AKNOWLEDGEMENT OF RECEIPT
DRUG MEDI-CAL ORGANIZED DELIVERY SERVICES
MEMBER HANDBOOK

By signing this form, you acknowledge you have received a copy of the San Mateo County Behavioral Health and Recovery Services, Alcohol and Other Drug Services (BHRS AOD) Drug Medi-Cal Organized Delivery System (DMC-ODS) Member Handbook.

The Member Handbook gives you information about our substance use 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 San Mateo County BHRS AOD with any questions you may have regarding your services. The Member Handbook is subject to change. If we change the Member Handbook, we will post the revisions on our website at https://www.smchealth.org/bhrs/aod/policy where you may obtain a copy.

I hereby acknowledge receipt of the San Mateo County Behavioral Health and Recovery Services, Alcohol and Other Drug Services (BHRS AOD) Drug Medi-Cal Organized Delivery System (DMC-ODS) Member Handbook.

Date: _____ Signature:_____
(beneficiary/advocate for beneficiary)

Client Name: _____
(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:_____
_____

Date: _____ Signature: _____
(treatment provider name, title)

Staff Name: _____
(please print)

COUNTY OF SAN MATEO CALIFORNIA