



# Department of Behavioral Health

Avatar#: \_\_\_\_\_  
For Office Use Only

## Change of Provider Request Form – Page 1

If you believe that your current service provider is not meeting your treatment needs and would like to request a change of provider, please fill out this form and return by doing one of the following actions:

- Turn into the staff at the front desk of the clinic where you are receiving services, **or**
- Email the form to [DBH-ChangeofProviderRequest@dbh.sbcounty.gov](mailto:DBH-ChangeofProviderRequest@dbh.sbcounty.gov), **or**
- Mail to **DBH Quality Management Division**

Attn: Change of Provider  
303 E. Vanderbilt Way  
San Bernardino, CA 92415

Requesting a change of provider does not put you at risk of being denied behavioral health services or having the type of services you are receiving change. Requests for change of provider will be reviewed carefully and approved, as appropriate. You will be informed of the outcome of your request by letter or phone call.

You can get help with filling out this form from a clinic staff member at the location where you are receiving services, from the ACCESS Unit at (888) 743-1478, or from the Patients' Rights Office at (800) 440-2391.

Date of Request: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Client is a Minor     Client is a Conservatee    Guardian Name: \_\_\_\_\_

1. Current provider's name: \_\_\_\_\_
2. Why are you asking to change your provider? \_\_\_\_\_

<input type="checkbox"/>	Communication (e.g. doesn't listen; doesn't return calls; I don't understand what they are saying)
<input type="checkbox"/>	Cultural Issues (i.e. doesn't understand my cultural background)
<input type="checkbox"/>	Gender (i.e. requesting a specific gender) Specify: _____
<input type="checkbox"/>	Language (i.e. requesting a specific language) Specify: _____
<input type="checkbox"/>	Medication Issues (e.g. side effects; need a second opinion; need to change medication)
<input type="checkbox"/>	Recommended (i.e. recommended by clinician or family)
<input type="checkbox"/>	Request for a specific doctor/clinician Request change to: _____
<input type="checkbox"/>	Rude and/or unprofessional
<input type="checkbox"/>	Scheduling concerns (e.g. delays in between appointments; long wait time in the lobby)
<input type="checkbox"/>	Telemedicine/telehealth (i.e. requesting face-to-face treatment)
<input type="checkbox"/>	Treatment concerns



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<input type="checkbox"/> Other: _____
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3. What type of change do you want? \_\_\_\_\_

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4. Please describe your specific concerns: \_\_\_\_\_

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## Change of Provider Request Form – Page 3

**\*\*THIS SECTION IS FOR STAFF USE ONLY\*\***

Name of Site: \_\_\_\_\_

Type of Provider:  Case Manager  Clinician  Nurse/LVN/Psych Tech  
 Psychiatrist  Other

Current Services Provided: \_\_\_\_\_

**Approved**

New provider name: \_\_\_\_\_

Next appointment: \_\_\_\_\_

Client informed on: \_\_\_\_\_

Informed client via:  Mail  Phone  Unable to contact client

**Denied**

Reason: \_\_\_\_\_

Client informed on: \_\_\_\_\_

Informed client via:  Mail  Phone  Unable to contact client

Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
Clinic Supervisor

Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
Clinical Medical Director  
(if services provided are by a psychiatrist)

**NOTE:** This completed form must be sent to **DBH QUALITY MANAGEMENT** at [DBH-ChangeofProvideRequest@dbh.sbcounty.gov](mailto:DBH-ChangeofProvideRequest@dbh.sbcounty.gov) or 303 E. Vanderbilt Way, San Bernardino, CA 92415-0026 by the **5th** day of the month, following the date the request for change was made.



**English**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call [1-888-743-1478] (TTY: [711]).

**Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-888-743-1478] (TTY: [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 [1-888-743-1478] (TTY: [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 [1-888-743-1478] (TTY: [711]).

**한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-888-743-1478] (TTY: [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 [1-888-743-1478] (TTY: [711])。

**Հայերեն (Armenian)**

ՌԻՇԱԴՐՈՒԹՅՈՒՆ ԵՐԻ խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք [1-888-743-1478] (TTY (հեռատիպ) [711]):

**Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [1-888-743-1478] (телетайп: [711]).

**فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرد (TTY: [711]) فراهم می باشد. [1-888-743-1478]

**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。 [1-888-743-1478] (TTY: [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 [1-888-743-1478] (TTY: [711]).

**ਪੰਜਾਬੀ (Punjabi)**

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। [1-888-743-1478] (TTY: [711]) 'ਤੇ ਕਾਲ ਕਰੋ।

**العربية (Arabic)**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم [1-888-743-1478] (رقم هاتف الصم والبكم: [711]).

**हिंदी (Hindi)** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-888-743-1478] (TTY: [711]) पर कॉल करें।

**ภาษาไทย (Thai)**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร [1-888-743-1478] (TTY: [711]).

**ខ្មែរ (Cambodian)**

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយមនុស្សភាសា រោយមិនគិតថ្លៃ គឺអាចមានសេវា បំប៉ន ប្រើប្រាស់ ចូរ ទូរស័ព្ទ [1-888-743-1478] (TTY: [711])។

**ພາສາລາວ (Lao)**

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ [1-888-743-1478] (TTY: [711]).