

Change of Provider (clinician, case manager, doctor) Request Form

You may request a change of clinician, case manager, or doctor. While this is not always feasible, we will do our best to honor your request in a timely manner. To make such a request, please complete this form and give to the clinic receptionist, or you may return the form by mail to the:

Quality Improvement Unit
El Dorado County Mental Health Plan
768 Pleasant Valley Rd. Suite 200
Diamond Springs, CA 95619

Today's Date: _____

From: _____
(Client's Name)

(Parent or Legal Guardian, if applicable)

The mental health provider I want to change is: _____

My reason for requesting the change (optional):

RESPOND TO ME BY PHONE: _____
(Your Telephone Number)

OR BY MAIL: _____
(Street Address)

(City, State, Zip Code)

Disposition: (to be completed by Program Coordinator, Manager, or QI Unit)

Name (please print) _____ Date: _____

[Send copy of this form to QI Unit when completed]