



Kern Behavioral Health and Recovery Services Change Of Provider/Second Opinion Request

As a client of Kern Behavioral Health & Recovery Services, you have the right to request a change of provider (physician, case coordinator, therapist, team, etc.), or second opinion (meeting criteria for services) if at any time you are not satisfied with your current service provider at no charge to you. Making a request does not put you at risk of being denied services or having the type of services you received changed.

If you would like to request a change of provider or second opinion, please fill out this form, as best you can, and turn it into the receptionist at the clinic where you are receiving services. If you need assistance with this form or have questions, please contact the supervisor where you are currently receiving services, or by contacting the Patients' Rights Office at (844) 360-8250.

Name: _____ Date of Request: _____

Type of Change of Provider Requested:

Team

Name of Current Team: _____

Case Manager

Name of Case Manager: _____

Therapist

Name of Therapist: _____

Prescriber (Psychiatrist, Nurse Practitioner)

Name of Prescriber: _____

Second Opinion (meeting criteria for services)

Why are you requesting to change providers? (Please describe in your own words, you may continue to write on the back if necessary)

