**Los Angeles County Department of Mental Health**
**REQUEST FOR CHANGE OF PROVIDER**
**MONTHLY LOG**

This log is to be maintained by each Program Manager for the program(s) for which he/she is responsible. A completed entry shall be made for each "Request for Change of Provider" form received during each month. A copy shall be sent to the Beneficiary Services Program in the Patients' Rights Office by the tenth (10th) working day following the month for which the log is completed.

Month: _____ Year: _____

☐ Check here if no requests were received during this month

| Date Received | Date of Request | Client's Name | Provider's Name | | Reason(s) for Request (Use Letter Code(s) Below) | Reason(s) Request Not Granted | Medi-Cal Beneficiary | |
|---|---|---|---|---|---|---|---|---|
| | | | Current | New | | | Yes | No |
| | | | | | | | ☐ | ☐ |
| | | | | | | | ☐ | ☐ |
| | | | | | | | ☐ | ☐ |
| | | | | | | | ☐ | ☐ |
| | | | | | | | ☐ | ☐ |

A = Appointment Scheduling
B = Language
C = Age (too old / too young)
D = Gender (male / female)
E = Treating family member
F = Treatment concerns
G = Medication concerns
H = Lack of assistance
I = Prefer previous provider
J = Prefer 2nd opinion
K = Uncomfortable
L = Insensitive / Unsympathetic
M = Unprofessional
N = Does not understand me
O = Incompatible
P = Do not want to give a reason
Q = Other

_____ REPORTING UNIT

_____ PROGRAM MANAGER'S SIGNATURE

_____ DATE

This confidential information is provided to you in accordance with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by Law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Program Name: _____

Program Manager's Name: _____

**Protected Health Information (PHI)**
Los Angeles County Department of Mental Health