



Monterey County Behavioral Health Policy and Procedure

Policy Number	417
Policy Title	Change Of Clinician
References	None
Form	Change Of Clinician Form (Attachment 1)
Effective	November 16, 1988 Revised: March 10, 1995 Revised: April 15, 1997 Revised: April 1, 2009

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Policy

Every consumer within the MCBHD system of care has the right to request a change of clinician. Once the change is approved, appropriate entries in the consumer's medical record and in the Management Information System [(MIS) – VAX] shall occur.

Procedure

1. A consumer requesting a change of clinician shall complete the Change of Clinician form (Attachment 1). After it is submitted (in person, by mail, or through the Suggestion Box), it will be forwarded to the Program Manager, Medical Director, or Team Leader.
2. Within 10 working days the consumer will be contacted by the Team Leader as to the reason for the request, if not stated on the form, and a decision to change clinicians will be made. The consumer will be informed in that time frame, either verbally or in writing.
3. The previous clinician will present the change to the Inter-disciplinary Team so the Team Supervisor can enter the change onto the team minutes.
4. The PSR staff will make the change from the previous clinician code to the new clinician code in the computer.
5. The PSR staff will initial the change of clinician form and forward it to the Quality Management Office.

CW: 3/4/09

MONTEREY COUNTY HEALTH DEPARTMENT
BEHAVIORAL HEALTH DIVISION



**CHANGE OF CLINICIAN
REQUEST FORM**

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CHANGE OF CLINICIAN REQUEST FORM

TO: PROGRAM MANAGER OR MEDICAL DIRECTOR

CLIENT NAME: _____
(Please Print)

DATE OF BIRTH: _____

PHONE NUMBER: _____

CURRENT ADDRESS: _____
(Street)

_____ *(City)* _____ *(Zip Code)*

TODAY'S DATE: _____

I request a change in my current psychiatrist, psychologist, psychiatric social worker or case manager for the following reason (s) :

MY CURRENT CLINICIAN IS _____

CHECK ONE:

_____ I have discussed my concerns with my current clinician.

_____ I have not discussed my concerns with my current clinician.

I understand that a response to this request can be expected in 10 working days.

Action Taken: _____

DEPARTAMENTO DEL CONDADO MONTEREY
DIVISIÓN DE CONDUCTA



**PETICIÓN PARA CAMBIAR
DE ENFERMERO CLÍNICO**

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PETICIÓN PARA CAMBIAR DE ENFERMERO CLÍNICO

AL: Administrador del Programa o Director Médico

NOMBRE DEL CLIENTE: _____
Letra de Molde

FECHA DE NACIMIENTO: _____

NÚMERO DE TELÉFONO: _____

DOMICILIO ACTUAL: _____
Calle

_____ Ciudad Zona Postal

FECHA DE HOY: _____

Solicito que se me cambie mi presente siquiatra, sicólogo, trabajador social
siquiatra o administrador de mi caso por las siguientes razones:

MI ACTUAL ENFERMERO CLÍNICO ES: _____

MARQUE UNA OPCIÓN:

_____ He discutido este asunto con mi enfermero clinico actual.

_____ No he discutido este asunto con mi enfermero clinico actual.

Entiendo que una respuesta a esta solicitud puedo esperarla en 10 días laborales
y que mi nuevo enfermero clínico se pondrá en contacto conmigo con respeto a una
cita.

MH46.SP (1/98)

411-274 CHANGE OF CLINICIAN-COVER-MH46 SP 9-08.PMD