MULTNOMAH COUNTY MENTAL HEALTH AND ADDICTION SERVICE DIVISION
Verity Mental Health Organization Appeals Form

Today's Date: _____

Please review the information on the back before you complete this form.

Client Name: _____ Recipient ID#:_____
Address: _____
Telephone #: (____) _____
Name of Person Reporting Concern:_____ Telephone #(____)_____
Relationship to member:_____ Do you wish to remain anonymous? Yes ☐ No ☐
Do you need an interpreter? Yes ☐ No ☐ If so, for what language? _____

Did you received a Notice of Action,? Yes ☐ When?_____ No ☐

If you are appealing a Notice of Action; do you wish your benefits/services to stay the same during the investigation? Yes ☐ No ☐

If your benefits/services stay the same and you lose the appeal, you may be required to pay for the cost of the benefits/services you received from the date of the action until the decision.

Describe why you are appealing the decision: Give us any information that may help us to resolve this concern. Attach any records, you wish us to review regarding this concern. Please attach additional pages to this form if you need more space to describe the concern.

_____

_____

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_____

_____

What would you like to see happen in this matter?

_____

_____

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_____

Please list the names and telephone numbers of anyone you want us to contact about this appeal:

Name: _____ Telephone: _____
Name: _____ Telephone:_____
Do you wish to request an expedited appeal process? Yes ☐ No ☐
Please state your reason for requesting an expedited process:_____

_____

Please Mail or FAX

Quality Management Coordinator
Multnomah County MHASD Attention: Charmaine Kinney
421 SW Oak Street Suite 520
Portland, Oregon 97204-1620

Phone: 503-849-7964 or 503-988-5464 Ext. 24424 **FAX 503-988-5870** **TTY/TTD Phone # 503-988-5866**

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Consumer Grievance/Complaint Reporting Rights

If you are unhappy with your treatment services, or how a concern has been handled you can file a complaint. You can either write to us (a form is provided for your convenience or you may write a letter) or you may call us at 503.988.5887.

CONFIDENTIALITY. All information in your concern/complaint will be kept confidential except in the following circumstances:

A. When you file a complaint, **Multnomah County MHASD and the Oregon State Office of Mental Health and Addiction Services** has the right to the information concerning your complaint for review purposes without a signed release of information from you, your parent/legal guardian, or your representative.

B. When permission is formally given through a **signed authorization**.

C. **As required by law, we will report to the appropriate agencies in the following cases:**

1. When there is reason to suspect the abuse or neglect of a child as required by ORS 418.740
2. When there is suspected abuse or neglect of an adult, 18 years and older who has a disability as required by ORS 411.116.

3. Reporting to law enforcement officers and the intended victim when there is a clear and serious threat of homicide or intent to do serious bodily harm to another person.

4. Reporting if a client is judged to be in imminent danger of harming him/herself. Information may be released to a person who has the authority to deal with the danger.

5. Reporting to a doctor or hospital in the event of a medical emergency.

6. In the event of a court subpoena requiring the release of a client's records.

RIGHT TO REQUEST ACCESS TO YOUR RECORDS AND PRESENT EVIDENCE. You have the right to request to review your medical records and receive either a response or access to the record within five working days. You also have a right to give information regarding this concern or if this is an appeal, evidence regarding the appeal prior to the decision being made.

RIGHT TO AN EXPEDITED APPEAL. If the mental status of the person who is the subject of the appeal meets the definition of urgent or emergent situation, that is, delay would cause deterioration within 72 or 24 hours, you have a right to request an Expedited Appeal . We will notify you within one working day, if you qualify for an Expedited Appeal.