



BEHAVIORAL
HEALTH & RECOVERY
SERVICES

P.O. Box 1000 Bakersfield, California 93302
KernBHRs.com P: 661.868.6600 F: 661.861.1020

CHANGE OF PROVIDER / SECOND OPINION REQUEST FORM

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 if at any time you are not satisfied with your current service provider or you would like a second opinion regarding any treatment issues/decisions 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, using your own words. If you need assistance with this form or have question, please contact the supervisor where you are currently receiving services, or by contacting the Patients' Rights Office at 844-360-8250.

Once you have completed this form please turn it into the receptionist at the clinic where you are receiving services, or if desired, contact the Patients' Rights Office as 844-360-8250.

Date of Request _____

Name _____

Date of Birth _____

Phone _____

Usted puede preguntar para esta información en Español



Hope. Healing. Life.

- ☐ Check here if this is a Change of Provider Request and complete questions below (you may continue to write on the back if necessary)

CHANGE OF PROVIDER REQUEST

1. What is the name of the provider you would like to have changed and reason?

Name: _____

Reason: _____

2. Did you talk with your current provider about this request for change? Yes / No

3. If you answered "Yes" to # 2, what was the result of your request?

- ☐ Check here if this is a Second Opinion Request and complete questions below (you may continue to write on the back if necessary)

SECOND OPINION REQUEST

1. What treatment issue / decision would you like to have evaluated by a second opinion?

2. What would you like to have happen as a result of getting a second opinion?

3. Did you talk with your current provider about this second opinion request? Yes / No

If you still need assistance with your request, please contact the Patients' Rights Office at 844-360-8250.