

# Grievance/Appeal Consent Form

Phone: 1(415) 547-7800 or 1(800) 288-5555  
Fax: 1(415) 547-7825  
Email: [grievances@sfhp.org](mailto:grievances@sfhp.org)

Grievance/Appeal Coordinator  
P.O. Box 194247  
San Francisco, CA 94119

Member Name:

SFHP ID:

DOB:

Case Number:

On \_\_\_\_\_, \_\_\_\_\_ submitted a  grievance  appeal  
to San Francisco Health Plan (SFHP) on your behalf about \_\_\_\_\_

You have not previously named \_\_\_\_\_ as your authorized  
representative. You must give your consent for SFHP to continue processing this grievance or appeal.

By signing this consent form, you understand:

- You give SFHP permission to investigate and process this grievance or appeal. This may involve SFHP contacting providers or other individuals named in the grievance or appeal for more information.
- If SFHP does not receive this written consent from you, SFHP will close and withdraw this grievance or appeal.
- You may refuse to sign this consent form.
- You may cancel this consent at any time by contacting SFHP Customer Service.
- You may get a copy of this consent form upon request.
- You may get copies of the protected health information that is used or disclosed related to this grievance or appeal upon request.
- This written consent becomes effective on the date of your signature and expires on \_\_\_\_\_ or one year from the date of your signature.

Once signed, please send the form back to SFHP by mail, fax, or email.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(1-800-288-5555)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been resolved satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical

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*Here for you*

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necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website [www.dmhc.ca.gov](http://www.dmhc.ca.gov) has complaint forms, IMR application forms and instructions online.

The State Medi-Cal Managed Care "Ombudsman Office" can help you with any questions. You can call them at **1(888) 452-8609**. Hours of Operation are Monday through Friday, 8:00am to 5:00pm PST, excluding holidays.

You can also get help from your doctor, or call SFHP's Customer Service Department at **1(415) 547-7800**, **1(800) 288-5555** (toll-free) or TTY **1(888) 883-7347**. Our office hours are from 8:30am to 5:30pm, Monday through Friday.

Enclosures:

Language assistance information  
Nondiscrimination notice