

**ACKNOWLEDGEMENT OF RECEIPT**  
**SUBSTANCE USE TREATMENT SERVICES BENEFICIARY HANDBOOK**  
**MCP PROBLEM RESOLUTION PROCEDURE**

By signing this form, you acknowledge you have received a copy of our **Beneficiary Handbook, Substance Use Treatment Services (SUTS)**. Our **Beneficiary Handbook (SUTS)** gives you information about our substance use treatment services, access to services, your rights as a beneficiary, and the problem resolution process should you be dissatisfied with anything concerning our services. Please read the handbook carefully. You may ask your provider or contact the SUTS Managed Care Program (MCP) with any questions you may have regarding your services.

Our **Beneficiary Handbook (SUTS)** is subject to change. If we change our handbook, we will post the revisions in our treatment facilities and you may obtain a copy when you come to any of our treatment facilities for services or treatment.

I hereby acknowledge receipt of the **Beneficiary Handbook (SUTS)** of Santa Clara County, Behavioral Health Services.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(beneficiary/advocate for beneficiary)

Name: \_\_\_\_\_  
(please print)

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**INABILITY TO OBTAIN ACKNOWLEDGEMENT**

This portion must be completed only if no signature can be obtained. If it is not possible to obtain the beneficiary's acknowledgement, describe good faith efforts made to obtain the acknowledgement, and the reasons why the acknowledgement could not be obtained.

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Treatment Provider, Title)

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(please print)