Change of Provider (clinician, case manager, or counselor)
Request Form

You may request a change of clinician, case manager, or counselor. While this is not always feasible, we will do our best to honor your request in a timely manner. To make such a request, please complete this form and give to the clinic receptionist or you may return the form by mail to the:

Quality Assurance Unit
El Dorado County DMC ODS Plan
929 Spring Street
Placerville CA, 95667

Today's Date: ______________________

From: ____
(Client's Name)

____
(Parent or Legal Guardian, if applicable)

The SUD provider I want to change is: ____

My reason for requesting the change (optional):

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____
____

RESPOND TO ME BY PHONE: ____
(Your Telephone Number)

OR BY MAIL: ____
(Street Address)

____
(City, State, Zip Code)

Disposition: (to be completed by Program Coordinator, Manager, or QA Unit)

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Name (please print) ______________________________ Date: ______________
[Send copy of this form to QA Unit when completed]