**NOTICE OF ACKNOWLEDGEMENT OF YOUR CONTINUITY OF CARE REQUEST**

*December 4, 2019*

*Anne G. Gable* Network Provider

1000 W House St 1111 Market Dr,

Hanford, CA 93230 Hanford, CA 93230

 559-852-0000

**RE: YOUR CONTINUITY OF CARE REQUEST**

You filed a Continuity of Care request with *Kings County Behavioral Health* on *10/20/19.* This letter is confirmation of the receipt of your Continuity of Care request dated 10/20/19 received on 10/22/19. The Kings County Mental Health Plan is currently reviewing your request and will be contacting you by mail once the Quality Assurance Clinician has reviewed your request and/or if additional information is required.

You will be notified within 30 days if your request is approved or denied.

The Plan can help you with any questions you have about this notice. For help, you may call *Patients’ Right’s Advocate Monday through Friday, 8AM-5PM* at *559-852-2423*.

If you need this notice and/or other documents from the Plan in an alternative communication format such as large font, Braille, or an electronic format, or, if you

would like help reading the material, please contact *Patient’s Right’s Advocate* by calling *559-852-2423*.

*Sincerely,*

*Amy Brisky, LMFT*

*Quality Assurance Clinician*