

Legal Name (please print)

Date of Birth

WellPower ID#

If you have concerns about services you have received, or suggestions about how to improve your experiences at WellPower, you can let us know by:

- Talking directly with the staff member providing your services to let them know what you want and expect.
- Speaking with the program manager or supervisor of the team where you get your services.
- Calling the WellPower Advocate who can help you address your concerns.

Si usted tiene alguna inquietud acerca de los servicios que ha recibido, o si tiene sugerencias sobre cómo mejorar sus experiencias en WellPower, puede dejarnos saber de cualquiera de las maneras siguientes:

- Hablando directamente con su proveedor de servicios sobre el problema y sus expectativas.
- Hablando con el supervisor del programa donde usted recibe sus servicios.
- Poniéndose en contacto con de WellPower Abogado quien puede ayudarle a resolver sus preocupaciones.

WellPower Advocate / Abogado
4141 East Dickenson Place, Denver, CO 80222
(303) 504-6579
Advocate@wellpower.org

You may also contact these advocacy agencies to address your care concerns:

También puede ponerse en contacto con las siguientes agencias de apoyo:

Colorado Office of Behavioral Health

3824 West Princeton Circle, Denver, CO 80236
 (303) 866-7191
 ombuds@bhoco.org

Colorado Department of Public Health & Environment (Citizens Advocate)

4300 Cherry Creek Drive South, Denver, CO 80246
 (303) 692-2000 [Option 8, then Option 8 again]
 cdphe.information@state.co.us

Office of Civil Rights - U.S. Department of Health & Human Services

200 Independence Ave. SW, Room 509F - HHH Bldg., Washington, DC 20201
 Toll-free: (800) 368-1019 | TDD: (800) 537-7697
 OCRComplaint@hhs.gov
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Medicaid Ombudsman - Health First Colorado Managed Care

CO Department of Health Care Policy and Financing
 (303) 830-3560 | Toll-free: (877) 435-7123
 Help123@maximus.com

Medicaid - Access Behavioral Care

P.O. Box 17580, Denver, CO 80217-0580
 (303) 751-9030 | Toll-free: (800) 984-9133

Your Health Insurance Company

Look for contact information on your insurance card.
Busque la información de contacto en su tarjeta de seguro médico.

X
 Signature of individual or personal representative

Signature date

Name of personal representative (if applicable)

Relationship