



PRSN

PENINSULA REGIONAL SUPPORT NETWORK
Providing Public Mental Health Services in
Clallam, Jefferson, and Kitsap Counties

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_____ Date

To:

RE: Your request for inpatient mental health services

This letter is to inform you that the Peninsula Regional Support Network (PRSN) authorization contractor, CommCare, has reviewed your request for mental health services. The information presented during the assessment and clinical review on _____ (date) does not meet the criteria established in the PRSN Levels of Care.

During the assessment conducted by a mental health professional, it was determined you did not meet the following criteria:

If you feel you have additional information that you'd like to share, please contact _____ (agency) crisis team directly. If you chose to exercise your rights to request a PRSN Grievance based on the denial decision, please contact the PRSN directly at (360) 337-4604 or (800) 525-5637.

The PRSN provides local crisis services that you can access at any time by calling () _____. The PRSN provides Ombuds services free of charge to advocate for individuals seeking and receiving mental health services. If you are interested in contacting the Ombuds office, please call (360) 692-1582 or toll free 1 (888) 377-8174.

Thank you.

cc: PRSN
Network Mental Health Agency