



**Medi-Cal Provider Directory**  
**Large Font**  
*Del Norte County*  
**Primary Care**

**CONTACT US**

(800) 863-4155 | <http://www.PartnershipHP.org>

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

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# PARTNERSHIP PROVIDERS | DEL NORTE COUNTY DIRECTORY

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The Partnership HealthPlan of California (Partnership) Service Area includes 24 counties with providers located throughout those counties as well as other counties. The 24 Partnership counties are Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba.

To view our entire list of network providers, visit the Partnership website, [www.PartnershipHP.org](http://www.PartnershipHP.org) for an online searchable directory. It is updated daily. Click on “Members”, then click on “Find a Provider.”

If you need help finding a provider or looking for a provider on our website, call Member Services at (800) 863-4155. TTY users can call the California Relay Service at (800) 735-2929 or call 711.

## How to use this list:

1. Pick two primary care providers (PCPs). One will be your first choice and the other will be your second choice. We ask you to pick a second choice in case your first choice is not available.
2. Write the names and the provider numbers of the primary care providers that you picked on the enclosed Primary Care Provider Selection Form. Call our Members Services Department to make sure the doctor or medical group is available.
3. Return the Primary Care Selection Form to Partnership using the

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enclosed postage paid return envelope.

4. You can access some Medi-Cal benefits without an authorization from your PCP. Please refer to your Member Handbook or call the Partnership Member Services Department for more information about these services.
5. Some hospitals and/or primary care providers may not provide one or more of the following services that are covered benefits: family planning contraceptive services, including emergency contraception; sterilization, including tubal ligation or abortion. You can obtain more information about these services before you choose your PCP by calling your prospective primary care provider or by calling the Partnership's Member Services Department at (800) 863-4155. TTY Users: Call the California Relay Service at (800) 735-2929 or call 711.
6. Members are encouraged to pick a Primary Care Provider (PCP) that is closest to their home. However, members can choose any PCP in their County that is available in this Provider Directory.
7. The telephone number listed under each site in this directory is the same number to call after normal business hours.
8. Contact the Provider office directly for current practitioner and office staff language capabilities.

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## PARTNERSHIP PROVIDERS | DEL NORTE COUNTY DIRECTORY

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If you need help filling out the Primary Care Selection Form or if you have any questions about choosing a primary care provider, please call our Member Services Department at (800) 863-4155. TTY Users: Call the California Relay Service at (800) 735-2929 or call 711.

Your PCP will give you a referral to send you to a specialist if you need one. A specialist is a doctor who has extra education in one area of medicine. Your PCP will work with you to choose a specialist.

For some types of care, your PCP or specialist will need to ask for approval before you get the care. This is called prior authorization or pre-approval. It means that Partnership agrees that the care is medically necessary. In addition to many other services, Enhanced Care Management and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

If you have any questions concerning handicapped accessibility, please call our Member Services Department at (800) 863-4155. TTY Users: Call the California Relay Service at (800) 735-2929 or call 711.

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## **PARTNERSHIP PROVIDERS | DEL NORTE COUNTY DIRECTORY**

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El área de servicio de Partnership HealthPlan of California (Partnership) incluye 24 condados con proveedores ubicados en dichos condados, así como en otros condados. Los 24 condados de Partnership son Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo y Yuba.

Para consultar nuestra lista completa de proveedores de la red, visite el sitio web de Partnership, [www.PartnershipHP.org](http://www.PartnershipHP.org), para acceder a un directorio de búsqueda en línea. Se actualiza diariamente. Haga clic en “Miembros”; luego, haga clic en “Buscar un proveedor”.

Si necesita ayuda para encontrar un proveedor o para buscar un proveedor en nuestro sitio web, llame a Servicios para Miembros al (800) 863-4155. Los usuarios de TTY pueden llamar al servicio de retransmisión de mensajes de California al (800) 735-2929 o al 711.

### **Para usar esta lista:**

1. Escoja dos proveedores de atención primaria (PCP). El primero será el médico que usted prefiere, y el segundo será el que prefiere en segundo lugar. Le pedimos que seleccione dos en caso que el doctor que prefiere no esté disponible.
2. Escriba los nombres y el número de proveedor de cada uno de los dos médicos que escogió en el formulario que se llama "Primary Care Provider Selection Form". Llame a Nuestro Departamento de

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Servicio al Miembro para asegurarse de que el doctor o el grupo medico está disponible.

3. Regrese el formulario por correo a Partnership en el sobre con sello que le incluimos.
4. Usted puede recibir algunos beneficios de Medi-Cal sin ninguna autorización de su doctor primario. Por favor de referir a su Manual para Miembros o llame al departamento de servicios para miembro de Partnership para más información sobre estos servicios.
5. Algunos hospitales o proveedores de atención primaria puede que no ofrezcan uno o más de los siguientes beneficios que están cubiertos, como: planificación familiar servicios anticonceptivos, incluyendo anticonceptivo de emergencia, esterilización, incluyendo ligadura de las trompas o aborto. Usted puede recibir más información de estos servicios antes de escoger a su PCP si llama a su prospectivo proveedor de atención primaria o si llama al Departamento de Servicios para Miembros de Partnership al (800) 863-4155 (TTY: (800) 735-2929 or 711).
6. Animados a miembros a escoger el proveedor primario (PCP) que esté más cerca de su casa. Sin embargo, miembros pueden escoger cualquier PCP en su condado que esté disponible en este Directorio de Proveedores.
7. El número de teléfono enumerado debajo de cada sitio en el

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directorio es el mismo número para llamar después de horas normales del negocio.

8. Póngase en contacto directamente con el consultorio del proveedor para conocer las capacidades lingüísticas actuales del profesional y del personal del consultorio.

Si necesita ayuda para completar el formulario que se llama "Primary Care Provider Selection Form", o si tiene preguntas sobre cómo escoger un proveedor de atención primaria, por favor llame a nuestro Departamento de Servicios para Miembros al (800) 863-4155 (TTY: (800) 735-2929 or 711).

Su PCP le dará una referencia para enviarlo a un especialista si lo necesita. Un especialista es un médico que tiene educación adicional en un área de la medicina. Su PCP trabajará con usted para elegir un especialista.

Para algunos tipos de cuidado, su PCP o especialista necesitará pedir autorización antes de que usted obtenga la atención médica. Esto se llama autorización o aprobación previa. Esto significa que Partnership esté de acuerdo en que el cuidado es médicamente necesario.

Si tiene cualquier pregunta sobre acceso para incapacitados, por favor llame al Departamento de Servicios para Miembros al (800) 863-4155 (TTY: (800) 735-2929 or 711).

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## Partnership Provider Directory - Glossary of Terms

Here you'll find definitions of basic terms used in the Partnership Provider Directory. If you are unable to find an answer to your question, please call Member Services at (800) 863-4155.

### ***Source of Listings***

Information for the following items is obtained from providers when they complete their application to join Partnership and every three years thereafter. We also check with providers to validate this information every year. We count on the providers to tell us if this information has changed. Updates that are not communicated to us by the provider will not be added to the directory until our next scheduled verification.

1. Name
2. Gender
3. Specialty
4. Hospital Privileges
5. Medical Group Affiliations
6. Board Certifications
7. Accepting New Patients
8. Languages spoken by providers or clinical staff
9. Office locations and phone numbers

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## ***Ancillary Provider***

An ancillary provider includes durable medical equipment provider, physical therapist, occupational therapist, etc.

## ***Specialty***

Specialty means the type of medical care the physician practices. For example, the doctor could specialize in family medicine, dermatology, cardiology, etc. When a physician indicates a specialty on their application to join Partnership, we check the providers' education and training history to ensure they are qualified to provide the type of specialty care indicated. Many physicians will complete additional education and training in their specialty area and receive a certification. Please see Board Certification below.

## ***Board Certification***

Board certification means the physician completed additional education and training in an area of medicine and passed an examination that certifies he or she has expertise in this area. This information is checked with the American Board of Medical Specialties (ABMS) or other boards when providers complete their application to join Partnership and every three years after that. We also check this information every year by asking providers to tell us if the information is still correct. If you would like updated information about a

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provider's board certification, visit the ABMS website at [www.abms.org](http://www.abms.org). Then click on the "Is Your Doctor Certified?" link.

**Education and Training** If you have a question about a physician's education and training, you can find the information on the Medical Board of California website at [www.mbc.ca.gov](http://www.mbc.ca.gov) under License Search, or call Partnership Member Services (800) 863-4155.

### ***Community Health Clinic***

This is a clinic staffed by a group of doctors and nurses located in a community.

### ***Medical Group Affiliations***

The practice, or medical group, the provider belongs to.

### ***Assigned Hospital***

The hospital that your provider will send you to when you need inpatient care, unless the care is not available at this hospital.

### ***Hospital Privileges***

The hospital where the provider has been approved to render or arrange care.

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## ***Provider Languages***

Languages other than English spoken by the provider and other clinical staff.

## ***Staff Languages***

Languages other than English spoken by nonclinical office staff at the site, not providers.

## ***Provider Address***

The location where services and care are rendered.

## ***Provider Site Status***

- **Accepting New Patients:** The provider site is able to see new patients.
- **Accepting Existing Patients:** The provider site is only able to see patients who are already assigned to the site.
- **Available by Referral Only:** The provider site is only able to see patients who are referred by their primary care physician.
- **Available only through a hospital or facility:** The provider does not see patients in an office setting. The provider only works with patients who are receiving care at a hospital or facility.

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- **Not Accepting New Patients:** The provider site is not able to add new patients to their site.

**Specialty Type** Allows searching by the provider's medical specialty, or the type of facility. For example, if you are looking for a Dermatologist, select Dermatology from the list. Note: Some physicians may have more than one specialty. For facilities, if you are looking for a hospital, for example, select hospital.

**Terms Used in Hospital Listings** The Provider Directory allows you to search for hospitals, clinics and other facilities in Partnership's network. Below is a list of information you can find in the Provider Directory about a hospital and what they mean. This information is self-reported by the hospital and updated every three years or more frequently as reported by the hospital. We also check with the hospitals to validate this information every year. We count on the hospital to tell us if this information has changed. Updates that are not communicated to us by the hospital will not be added to the directory until our next scheduled validation.

- **Name** means the name of a hospital in Partnership's network.

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- **Address** means the physical location of a hospital in Partnership's network.
- **Phone** means the telephone number of a hospital in Partnership's network.

### ***Hospital Quality Data Sources***

Hospital Quality Data means data from recognized nation or state sources about the quality of a hospital in Partnership's network. Partnership's Provider Directory includes links to quality data from The Leapfrog Group and Quality Check. This information is validated with the applicable accreditation entity every three years or more frequently as report by the hospital.

### ***Hospital Accreditation***

When a hospital goes through a review to assess the quality of its systems and processes by an outside organization. Partnership checks with the accrediting body to see if the hospital is accredited every 3 years. The Provider Directory includes a link to the hospital's accrediting body.

### ***Wheelchair & Accessibility Codes***

This information is for people with disabilities to help them find an accessible office. Each office is evaluated on the

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level of access for parking, building, elevator, doctor's office exam room, and restrooms.

### **Levels of Access**

**Accessibility Codes** (see page 16 for a description of codes: ♿ **P EB IB R E T**)

#### **Basic Access**

The office meets the standards below for parking, exterior and interior building, restrooms, and exam rooms (P, EB, IB, R, and E).

#### **Limited Access**

The office does not meet one or more of the standards for parking, exterior and interior building, restrooms, and exam rooms (P, EB, IB, R, and E).

#### **Medical Equipment Access**

The office meets the standard below for exam tables and scales (T).

### **California Children's Services (CCS)**

CCS Providers are providers that meet the CCS program requirements to render services to CCS clients.

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## **Directorio de proveedores Partnership - Glosario de términos**

Aquí encontrará las definiciones de términos básicos utilizados en el directorio de proveedores de Partnership. Si no puede encontrar una respuesta a su pregunta, por favor llame a servicios al miembro al (800) 863-4155.

### ***Fuente de listados***

Información para los siguientes artículos se obtiene de parte de los proveedores cuando terminan su solicitud para inscribirse en Partnership y cada tres años en lo consiguiente. También verificamos con los proveedores para validar esta información cada año. Confiamos en que los proveedores nos indicarán si esta información ha cambiado. Las actualizaciones que no se nos comuniquen de parte del proveedor no se agregarán al directorio hasta nuestra próxima verificación.

1. Nombre
2. Sexo
3. Especialidad
4. Privilegios en el hospital
5. Afiliaciones con grupos médicos
6. Certificación profesional de la junta
7. Aceptando pacientes nuevos

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8. Idiomas que hablan los proveedores o el personal clínico
9. Ubicaciones de las oficinas y números de teléfono

### ***Proveedores de servicios auxiliares***

Un proveedor de servicios auxiliares incluyen a un proveedor de equipo médico duradero, fisioterapeuta, terapeuta ocupacional, etc.

### ***Especialidad***

Especialidad significa el tipo de atención médica que los médicos proporcionan en su consultorio. Por ejemplo, el médico podría especializarse en medicina familiar, cardiología, dermatología, etc. Cuando un médico indica una especialidad en su solicitud para inscribirse en Partnership, nosotros verificamos la formación educativa del proveedor y el historial de su capacitación para asegurarnos de que estén calificados para proporcionar el tipo de atención especializada que se indica. Muchos médicos terminarán su formación educativa y capacitación en su área de especialidad y recibirán una certificación. Por favor consulte la certificación profesional de la junta a continuación.

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### ***Certificación profesional de la junta***

La certificación profesional de la junta significa que el médico terminó una formación educativa adicional y capacitación en un área de la medicina y pasó un examen que certifica que él o ella tiene experiencia en esta área. Esta información es revisada con la Junta Americana de Especialidades Médicas (ABMS-siglas en inglés) o con otras juntas cuando los proveedores contestan su solicitud para inscribirse en Partnership y cada tres años en lo consiguiente. También revisamos esta información cada año al solicitarle a los proveedores que nos indiquen si la información todavía es correcta. Si desea obtener información actualizada acerca de la certificación de un proveedor ante la junta, visite el sitio web ABMS en [www.abms.org](http://www.abms.org). Luego, haga clic en el vínculo "Está certificado su médico?"

### ***Formación educativa y capacitación***

Si tiene alguna pregunta sobre la formación educativa y capacitación de un médico, usted puede encontrar la información en el sitio web de la Junta Médica de California en [www.mbc.ca.gov](http://www.mbc.ca.gov) en la sección de Búsqueda de la Licencia o llame a servicios al miembro de Partnership al (800) 863-4155.

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### ***Clínica comunitaria de salud***

Esta es una clínica que cuenta con un grupo de médicos y enfermeras ubicados en la comunidad.

### ***Afiliaciones con grupos médicos***

El consultorio o grupo médico al que el proveedor pertenece.

### ***Hospital asignado***

El hospital al que su proveedor le enviará cuando usted necesite atención de hospitalización, a menos que la atención no esté disponible en ese hospital.

### ***Privilegios en el hospital***

El hospital en el que el proveedor haya sido aprobado para brindar o coordinar la atención.

### ***Idiomas que habla el proveedor***

Idiomas que no sean el inglés que el proveedor y otro personal clínico hablan.

### ***Idiomas que habla el personal***

Idiomas que no sean el inglés que el personal no clínico del consultorio habla en el sitio, no se refiere a los proveedores.

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## ***Dirección del proveedor***

El lugar donde se brindan los servicios y la atención.

## ***Estado del sitio de los proveedores***

- **Aceptando pacientes nuevos:** el sitio del proveedor es capaz de atender a pacientes nuevos.
- **Aceptando pacientes ya existentes:** el sitio del proveedor sólo es capaz de atender a los pacientes que ya han sido asignados al sitio.
- **Disponible con referencia únicamente:** el sitio del proveedor solo puede atender a los pacientes que son referidos por su médico de atención primaria.
- **Disponible únicamente por medio de un hospital o centro de salud:** el proveedor no atiende a los pacientes en un entorno de consultorio. El proveedor únicamente trabaja con los pacientes que están recibiendo atención en un hospital o centro de salud.
- **No acepta nuevos pacientes:** el sitio del proveedor no está disponible para atender a nuevos pacientes en su sitio.

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## ***Tipo de especialidad***

Permite la búsqueda del proveedor por especialidad médica o por el tipo de centro de salud. Por ejemplo, si usted está buscando un dermatólogo, seleccione Dermatología en la lista. Nota: Algunos médicos pueden tener más de una especialidad. Para centros de salud, si usted está buscando un hospital, por ejemplo, seleccione hospital.

## ***Términos utilizados en los listados del Hospital***

El directorio de proveedores le permite buscar hospitales, clínicas y otros centros de salud en la red de Partnership. A continuación encontrará una lista de la información sobre un hospital que usted puede encontrar en el directorio de proveedores y lo que significa. Esta información es auto reportada por el hospital y se actualiza cada tres años o con más frecuencia conforme el hospital lo informe. También verificamos con los hospitales para validar esta información cada año. Confiamos en que los hospitales nos indicarán si esta información ha cambiado. Las actualizaciones que no se nos comuniquen de parte del hospital no se agregarán al directorio hasta nuestra próxima validación programada.

- **Nombre** significa el nombre de un hospital de la red de Partnership.

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- **Dirección** significa la ubicación física de un hospital de la red de Partnership.
- **Teléfono** es el número de teléfono de un hospital de la red de Partnership.

### ***Fuente de datos de calidad del hospital***

Los datos sobre la calidad del hospital son los datos de parte de fuentes nacionales o estatales reconocidas sobre la calidad de un hospital de la red de Partnership. El directorio de proveedores de Partnership incluye vínculos a información sobre la calidad del The Leapfrog Group and Quality Check. Esta información es validada con la entidad de acreditación aplicable cada tres años o con más frecuencia conforme el hospital lo informe.

### ***Acreditación de hospitales***

Cuando un hospital experimenta una revisión para evaluar la calidad de sus procesos y sistemas por una organización externa. Partnership verifica con el organismo de acreditación para determinar si el hospital es acreditado cada 3 años. El directorio de proveedores incluye un enlace al organismo de acreditación del hospital.

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## ***Silla de ruedas y los códigos de accesibilidad***

Esta información es para las personas con discapacidades para ayudarles a encontrar una oficina accesible. Cada clínica se evalúa de acuerdo al nivel de acceso para el estacionamiento, el edificio, el ascensor, el consultorio de examen del médico y los baños.

### **Niveles de acceso**

***Los códigos de accesibilidad*** (vea la página 17 para obtener una descripción de los códigos: ♿ **P EB IB R E T**)

#### ***Acceso básico***

La oficina cumple con los estándares que se encuentran a continuación para el estacionamiento, el interior y exterior del edificio, baños y los consultorios de examen (P, EB, IB, R y E).

#### ***Acceso limitado***

La oficina no cumple con uno o más de los estándares para el estacionamiento, el interior y exterior del edificio, los baños y los consultorios de examen (P, EB, IB, R y E).

***Acceso al equipo médico*** | consultorio cumple con los siguientes estándares en mesas de examen y básculas (T).

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## NONDISCRIMINATION NOTICE

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Discrimination is against the law. Partnership HealthPlan of California (Partnership) follows State and Federal civil rights laws. Partnership does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Partnership provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified  = Trained in Cultural Competency.

See Page 43 for a description of codes:  **P E B I B R E T**



If you need these services, contact Partnership between 8 a.m. – 5 p.m. by calling (800) 863-4155. If you cannot hear or speak well, please call (800) 735-2929 or California Relay 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Partnership HealthPlan of California  
4665 Business Center Drive, Fairfield, CA 94534  
(800) 863-4155  
(800) 735-2929 or California Relay 711

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

## HOW TO FILE A GRIEVANCE

If you believe that Partnership has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with a Partnership Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Partnership's Member Services between 8 a.m. – 5 p.m. by calling (800) 863-4155. Or, if you cannot hear or speak well, please call (800) 735-2929 or California Relay 711.
- In writing: Fill out a complaint form or write a letter and send it to:

Partnership HealthPlan of California  
Attn: Grievance: Partnership Civil Rights Coordinator  
4665 Business Center Drive  
Fairfield, CA 94534

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

- In person: Visit your doctor's office or Partnership and say you want to file a grievance.
  - Electronically: Visit Partnership's website at <https://PartnershipHP.org>.
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### **OFFICE OF CIVIL RIGHTS – CALIFORNIA** **DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights**  
**Department of Health Care**  
**Services Office of Civil Rights**  
**P.O. Box 997413, MS 0009**  
**Sacramento, CA 95899-7413**

Complaint forms are available at  
[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified    🌐 = Trained in Cultural Competency.  
See Page 43 for a description of codes: ♿ **P E B I B R E T**

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

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### **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified    🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

## **PARTNERSHIP PROVIDERS | DEL NORTE COUNTY DIRECTORY**

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- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

## AVISO DE NO DISCRIMINACIÓN

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La discriminación es contraria a la ley. Partnership HealthPlan of California (Partnership) cumple con las leyes estatales y federales de derechos civiles.

Partnership no discrimina ilegalmente, excluye a las personas ni las trata de manera diferente por motivos de sexo, raza, color, religión, ascendencia, nacionalidad, identificación de grupo étnico, edad, discapacidad mental, discapacidad física, afección médica, información genética, estado civil, género, identidad de género u orientación sexual.

Partnership proporciona:

- Ayudas y servicios gratuitos a las personas con discapacidades para ayudarles a comunicarse mejor, como:
  - ✓ Intérpretes de lenguaje de señas calificados
  - ✓ Información escrita en otros formatos (letra imprenta grande, audio, formatos electrónicos accesibles, otros formatos)
- Servicios gratuitos de idiomas para personas cuyo idioma principal no sea el inglés, como:

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.  
See Page 43 for a description of codes: ♿ **P E B I B R E T**

- ✓ Intérpretes calificados
- ✓ Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Partnership entre las 8 a. m. y las 5 p. m. llamando al (800) 863-4155. Si tiene dificultades para oír o hablar, llame al (800) 735-2929 o al servicio de retransmisión de California 711. Si lo solicita, este documento puede ponerse a su disposición en braille, letra imprenta grande, audiocasete o formato electrónico. Para obtener una copia en uno de estos formatos alternativos, llame o escriba a:

Partnership HealthPlan of California  
4665 Business Center Drive, Fairfield, CA 94534  
(800) 863-4155  
(800) 735-2929 o servicio de retransmisión de California  
711

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified  = Trained in Cultural Competency.

See Page 43 for a description of codes:  **P E B I B R E T**

## **CÓMO PRESENTAR UN RECLAMO**

Si considera que Partnership no ha proporcionado estos servicios o que lo discriminó ilegalmente de otra forma por motivos de sexo, raza, color, religión, ascendencia, nacionalidad, identificación de grupo étnico, edad, discapacidad mental, discapacidad física, afección médica, información genética, estado civil, género, identidad de género u orientación sexual, puede presentar un reclamo ante un coordinador de derechos civiles de Partnership. Puede presentar un reclamo por teléfono, por escrito, en persona o por vía electrónica:

- Por teléfono: Comuníquese con los Servicios al Miembro de Partnership entre las 8 a. m. y las 5 p. m. llamando al (800) 863-4155. O bien, si tiene dificultades para oír o hablar, llame al (800) 735-2929 o al servicio de retransmisión de California 711.
- Por escrito: Complete un formulario de queja o escriba una carta y envíela a:

Partnership HealthPlan of California  
Attn: Grievance: Partnership Civil Rights Coordinator  
4665 Business Center Drive  
Fairfield, CA 94534

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified  = Trained in Cultural Competency.

See Page 43 for a description of codes:  **P E B I B R E T**



- En persona: Visite el consultorio de su médico o Partnership y diga que quiere presentar una queja.
- Por vía electrónica: Visite el sitio web de Partnership en <https://PartnershipHP.org>.

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### **OFICINA DE DERECHOS CIVILES: DEPARTAMENTO DE SERVICIOS DE ATENCIÓN MÉDICA DE CALIFORNIA**

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California por teléfono, por escrito o por vía electrónica:

- Por teléfono: Llame al **916-440-7370**. Si tiene dificultades para hablar u oír, llame al **711 (servicio de retransmisión de telecomunicaciones)**.
- Por escrito: Complete un formulario de queja o envíe una carta a:

**Deputy Director, Office of Civil Rights  
Department of Health Care  
Services Office of Civil Rights**

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified    🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

**P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Los formularios de queja están disponibles en  
[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- Por vía electrónica: Envíe un correo electrónico a [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

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### **OFICINA DE DERECHOS CIVILES: DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE LOS EE. UU.**

Si considera que lo han discriminado por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, también puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Sociales de los EE. UU. por teléfono, por escrito o por vía electrónica:

- Por teléfono: Llame al **1-800-368-1019**. Si tiene dificultades para hablar u oír, llame al **TTY 1-800-537-7697**.
- Por escrito: Complete un formulario de queja o envíe una carta a:

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**

Los formularios de queja están disponibles en  
<http://www.hhs.gov/ocr/office/file/index.html>.

- Por vía electrónica: Visite el Portal de quejas de la Oficina de Derechos Civiles en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

## TAGLINES

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### English Tagline

ATTENTION: If you need help in your language call 1-800-863-4155 (TTY: 1-800-735-2929). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-863-4155 (TTY: 1-800-735-2929). These services are free of charge.

### الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-863-4155 (TTY: 1-800-735-2929). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-800-863-4155 (TTY: 1-800-735-2929). هذه الخدمات مجانية.

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

**Հայերեն պիտակ (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-863-4155 (TTY: 1-800-735-2929): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-863-4155 (TTY: 1-800-735-2929): Այդ ծառայություններն անվճար են:

**ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)**

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-863-4155 (TTY: 1-800-735-2929)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជា ឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬ ឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-863-4155 (TTY: 1-800-735-2929)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

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See Page 43 for a description of codes: ♿ **P E B I B R E T**

**简体中文标语 (Simplified Chinese)**

请注意：如果您需要以您的母语提供帮助，请致电 1-800-863-4155 (TTY: 1-800-735-2929)。我们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致电 1-800-863-4155 (TTY: 1-800-735-2929)。这些服务都是免费的。

**(Farsi)** مطلب به زبان فارسی

توجه: اگر می خواهید به زبان خود کمک دریافت کنید، با 1-800-863-4155 (TTY: 1-800-735-2929) تماس بگیرید. کمک ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-863-4155 (TTY: 1-800-735-2929) تماس بگیرید. این خدمات رایگان ارائه می شوند.

**हिंदी टैगलाइन (Hindi)**

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-863-4155 (TTY: 1-800-735-2929) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-863-4155 (TTY: 1-800-735-2929) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

**Nqe Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-863-4155 (TTY: 1-800-735-2929). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-863-4155 (TTY: 1-800-735-2929). Cov kev pab cuam no yog pab dawb xwb.

**日本語表記 (Japanese)**

注意日本語での対応が必要な場合は 1-800-863-4155 (TTY: 1-800-735-2929)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-800-863-4155 (TTY: 1-800-735-2929)へお電話ください。これらのサービスは無料で提供しています。

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

**한국어 태그라인 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면  
1-800-863-4155 (TTY: 1-800-735-2929) 번으로 문의하십시오.  
점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한  
도움과 서비스도 이용 가능합니다. 1-800-863-4155  
(TTY: 1-800-735-2929) 번으로 문의하십시오. 이러한 서비스  
는 무료로 제공됩니다.

**ແທກໄລພາສາລາວ (Laotian)**

ປະກາດ:  
ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ  
1-800-863-4155 (TTY: 1-800-735-2929).  
ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ  
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ  
1-800-863-4155 (TTY: 1-800-735-2929).  
ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

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To verify the availability of providers, call Partnership Member Services at  
(800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**



**Mien Tagline (Mien)**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-863-4155 (TTY: 1-800-735-2929). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-863-4155 (TTY: 1-800-735-2929). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

**ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-863-4155 (TTY: 1-800-735-2929). ਅਪਾਹਜ਼ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ 1-800-863-4155 (TTY: 1-800-735-2929). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ |

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

### **Русский слоган (Russian)**

**ВНИМАНИЕ!** Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-863-4155 (линия ТTY: 1-800-735-2929). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-863-4155 (линия ТTY: 1-800-735-2929). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

**ATENCIÓN:** si necesita ayuda en su idioma, llame al 1-800-863-4155 (TTY: 1-800-735-2929). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-863-4155 (TTY: 1-800-735-2929). Estos servicios son gratuitos.

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

**Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-863-4155 (TTY: 1-800-735-2929). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-863-4155 (TTY: 1-800-735-2929). Libre ang mga serbisyong ito.

**แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-863-4155 (TTY: 1-800-735-2929) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-863-4155 (TTY: 1-800-735-2929) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

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See Page 43 for a description of codes: ♿ **P E B I B R E T**

### Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-863-4155 (ТТУ: 1-800-735-2929). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-863-4155 (ТТУ: 1-800-735-2929). Ці послуги безкоштовні.

### Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-863-4155 (TTY: 1-800-735-2929). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-863-4155 (TTY: 1-800-735-2929). Các dịch vụ này đều miễn phí.

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

## Accessibility Standards for Seniors and Persons with Disabilities

This directory now lists codes to define “accessibility” standards. These standards are meant to help seniors and persons with disabilities. The intent is that members can get in and around offices safely and without help from others. These codes are not yet listed for all providers. If you do not see these codes listed under a certain provider’s name, just call the office. You can ask if they have the type of access that you need.

### Levels of Access

#### **Basic Access**

The office meets the standards below for parking, interior and exterior building, exam rooms, and restrooms (P, EB, IB, R, and E).

#### **Limited Access**

The office does not meet one or more of the standards below for parking, interior and exterior building, exam rooms, and restrooms (P, EB, IB, R, and E).

#### **Medical Equipment Access**

The office meets the standard below for exam tables and scales (T).

### Accessibility Codes

 = Wheelchair Accessible

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified  = Trained in Cultural Competency.

See Page 43 for a description of codes:  **P EB IB R E T**

## **P** = Parking

Accessible parking spaces, including van accessible spaces(s), are present. Pathways have curb ramps between the parking lot, office, and at drop off areas.

## **EB** = Exterior Building

Curb ramps and other ramps to the building are not too long. Ramps are wide enough for a wheelchair or scooter. Handrails are on both sides of the ramp. There is an "accessible" entrance to the building. Doors open wide enough for a wheelchair or scooter, and have handles that are easy to use.

## **IB** = Interior Building

Pathways are wide enough for a wheelchair or scooter. Stairs, if present, have handrails. If there is an elevator, it can be used at all times the building is open. The elevator has easy to hear sounds and Braille buttons within reach. The elevator has enough room for a wheelchair or scooter to turn around. If there is a platform lift, it can be used without help.

## **R** = Restroom

The restroom doors are wide enough for a wheelchair or scooter. The restroom has enough room for a wheelchair or scooter to turn around and close the door. There are grab bars which allow easy transfer from wheelchair to toilet. The sink is easy to get to and the faucets, soap, and toilet paper are easy to reach and use.

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified  = Trained in Cultural Competency.

See Page 43 for a description of codes:  **P EB IB R E T**

### **E** = Exam Room

The doors to the exam rooms open wide enough for a wheelchair or scooter. The exam room has enough room for a wheelchair or scooter to turn around.

### **T** = Exam Table/Scale

The exam table moves up and down and has space next to it for a wheelchair or scooter. The weight scale can be used by patients with wheelchairs or scooters.

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

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See Page 43 for a description of codes: ♿ **P E B I B R E T**

## Normas de Accesibilidad para Personas Mayores y Personas con Discapacidades

Este directorio enumera los códigos para definir las normas de “accesibilidad”. Estas normas pretenden ayudar a personas mayores y a personas con discapacidades. La intención es que los miembros puedan entrar y desplazarse por las oficinas de manera segura y sin ayuda de otros. Estos códigos todavía no se encuentran enumerados para todos los proveedores. Si no ve estos códigos enumerados bajo el nombre de cierto proveedor, llame a la oficina del proveedor. Puede preguntar si tienen el tipo de acceso que usted necesita.

### Niveles de acceso

#### **Acceso básico**

La oficina cumple con las normas de estacionamiento, interior y exterior del edificio, salas de examen y baños (P, EB, IB, R y E).

#### **Acceso limitado**

La oficina no cumple con una o más de las normas de estacionamiento, interior y exterior del edificio, salas de examen y baños (P, EB, IB, R y E).

#### **Acceso de equipo médico**

La oficina cumple con la norma para camillas de examen y básculas (T).

### Códigos de accesibilidad

♿ = Accesible a silla de ruedas (Wheelchair Accessible)

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

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See Page 43 for a description of codes: ♿ **P EB IB R E T**



### **P** = Estacionamiento (Parking)

Espacios de estacionamiento accesible, incluyendo espacios accesibles para van, están presente. Las entradas tienen rampas de acceso en las aceras entre el estacionamiento, la oficina y las áreas para dejar a las personas.

### **EB** = Exterior del edificio (Exterior Building)

Las rampas en las aceras y otras rampas hacia el edificio no son demasiado largas. Las rampas son suficientemente anchas para permitir el acceso de una silla de ruedas o un scooter. Los pasamanos se encuentran en ambos lados de la rampa. El edificio tiene una entrada “accesible”. La abertura de las puertas es suficientemente ancha como para permitir el acceso de una silla de ruedas o un scooter, y tienen agarraderas que son fáciles de usar.

### **IB** = Interior del Edificio (Interior Building)

Los pasillos son lo suficientemente anchos como para una silla de ruedas o un scooter. Las escaleras, si las hay, tienen pasamanos. Si hay ascensor, puede usarse en todo momento en que el edificio esté abierto. El ascensor tiene sonidos fáciles de oír y botones Braille al alcance. El ascensor tiene espacio suficiente como para que una persona en silla de ruedas o scooter se dé vuelta. Si hay ascensor con plataforma, se puede usar sin ayuda.

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified  = Trained in Cultural Competency.

See Page 43 for a description of codes:  **P EB IB R E T**

### **R** = Baño (Restroom)

Las puertas del baño son lo suficientemente anchas como para una silla de ruedas o un scooter. El baño tiene suficiente espacio para que una persona en silla de ruedas o scooter se dé vuelta y cierre la puerta. Hay pasamanos que permiten trasladarse fácilmente de la silla de ruedas al inodoro. Es fácil llegar al lavamanos, y las llaves, jabón y papel higiénico son fáciles de alcanzar y usar.

### **E** = Sala de Examen (Exam Room)

La abertura de las puertas que llevan hacia las salas de examen son lo suficientemente anchas como para una silla de ruedas o un scooter. La sala de examen tiene suficiente espacio como para que una persona en silla de ruedas o scooter se dé vuelta.

### **T** = Camilla de Examen/Báscula (Exam Table/Scale)

La camilla de examen se mueve hacia arriba y hacia abajo y tiene espacio a un lado como para una silla de ruedas o scooter. Los pacientes en sillas de ruedas o scooters pueden usar la báscula.

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

**Timely Access to Care**

This table shows you the how long it should take you to get an appointment with a Partnership provider. If it takes you longer to get an appointment you can call us at **(800) 863-4155** for assistance. If you need care outside the normal office hours, you can call the Advice Nurse at no cost to you. The Advice Nurse line is available 7 days a week, 24 hours a day at (866) 778-8873, TTY users call (800) 735-2929 or 711.

<b>Appointment Type</b>	<b>Must Get Appointment Within</b>
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health provider (non-physician)	10 business days

To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

## PARTNERSHIP PROVIDERS | DEL NORTE COUNTY DIRECTORY

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<b>Appointment Type</b>	<b>Must Get Appointment Within</b>
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Telephone wait times during normal business hours	5 minutes
Triage – 24/7 services	24/7 services – No more than 30 minutes

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified    🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

**Acceso oportuno a la atención médica**

Esta tabla le muestra qué tanto tiempo debería tomarle obtener una cita con un proveedor de Partnership. Si llega a tomar más tiempo puede comunicarse con nosotros al **(800) 863-4155** para solicitar asistencia. Si necesita atención médica fuera del horario normal del consultorio, puede llamar a la enfermera de asesoría sin costo alguno para usted. La línea de asesoría de enfermeras está disponible los 7 días a la semana, las 24 horas al día al (866) 778-8873, los usuarios de TTY deben llamar al (800) 735-2929 o marcar 711.

<b>Tipo de cita</b>	<b>Debe obtener la cita dentro de</b>
Citas de atención de urgencia que no requieren aprobación previa (autorización previa)	48 horas
Citas de atención médica primaria no urgentes	10 días laborales
Especialista no urgente	15 días laborales
Proveedor de salud mental no urgente	10 días laborales

To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

## PARTNERSHIP PROVIDERS | DEL NORTE COUNTY DIRECTORY

<b>Tipo de cita</b>	<b>Debe obtener la cita dentro de</b>
(profesional de la salud no médico)	
Cita no urgente para servicios auxiliares para el diagnóstico o tratamiento de una lesión, enfermedad u otra afección de salud	15 días laborales
Tiempos de espera al teléfono durante el horario normal de trabajo	5 minutos
Triage - servicios 24/7	Servicios las 24 horas del día, los 7 días de la semana – No más de 30 minutos

To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified    🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

## Physician Listing Information

To report a potential error in the Provider Directory - Email PHCDirectory@PartnershipHP.org or call (800) 863-4155.

### How to read the Provider Directory

To help you in your selection, the following information is provided about each personal physician.

### Como leer el Directorio de Proveedores

Para ayudarle a seleccionar un proveedor, lea la información siguiente sobre cada proveedor.

City Location or Specialty Type	<b>Fairfield</b>	Ubicación de Ciudad o Tipo de Especialidad
Provider Site Name	<b>Family Medical Center</b>	Nombre del Sitio del Proveedor
PCP Site Number	<u>PCP # 1234-0001</u>	Número de Sitio del PCP
Enrollment Status	<b>Open to New Patients</b>	Estado de Inscribirse
Ages Accepted	Ages: No Age Limitations	Las Edades Aceptadas
Hospital Affiliation	Hospital(s): NorthBay	Afiliación de Hospital
Address	1234 Hospital Drive Fairfield, CA 94534	Dirección

To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**

## PARTNERSHIP PROVIDERS | DEL NORTE COUNTY DIRECTORY

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Accessibility	♿ P E B I B R E T	Accesibilidad
Phone	(707) 555-5555 (phn)	Teléfono
Fax	(707) 555-5556 (fax)	Fax
URL Website	<a href="http://www.abc123.com">www.abc123.com</a>	URL Sitio Web
Hours	Mon – Fri 8 a.m. – 6 p.m.	Horas
Medical Specialty	Family Practice	Especialidad Médica
Provider’s Name	◆ <b>Doe, John MD</b> 🌐	Nombre del Proveedor Médico
NPI	1234567890	NPI
License Number	A12345	Número de Licencia
Languages	Spanish, Tagalog	Idiomas

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P E B I B R E T**



# PARTNERSHIP PROVIDERS | DEL NORTE COUNTY DIRECTORY

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Special  
Accommodations and  
Levels of Access

Adj. Exam Tables  
Special Scales for  
Wheelchairs  
Scales that weigh up  
to 300lbs  
Hoyer Lift  
Gurney  
Accommodations  
Hearing Impaired  
Accommodations  
Onsite Interpretation  
Services  
Basic Access

Alojamiento Especial  
y Niveles de Acceso

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To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

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See Page 43 for a description of codes:  **P E B I B R E T**

**PARTNERSHIP PRIMARY CARE PROVIDERS**  
**DEL NORTE COUNTY DIRECTORY**

**Crescent City**

**Crescent City Health Center**

United Indian Health Services, Inc.

**PCP PHC#: 27962-0002**

NPI: 1043216021

Tribal

Family Medicine

**Accepting Native American  
Indians**

No Age Limitations

**Accepting Existing Patients**

No Age Limitations

CHDP Provider

1675 Northcrest Dr

Crescent City, CA 95531

♿, **P,EB,IB,R,E,T**

Level of Access: Basic

Primary Phone: (707) 464-2750

Primary Fax: (707) 464-2668

Mon - Fri 8:00 AM - 5:00 PM

Sat 9:00 AM - 2:00 PM

Family Medicine

**Cassel, Kathleen Marie, MD** 🌐

NPI: 1962400051

License: A70180

Gender: Female

Hospital Privileges: Mad River

Community Hospital

CCS Provider

Race: Unknown

Ethnicity: Unknown

**Gordon, Kenyetta Michelle, MD**

NPI: 1013101161

License: C186176

Gender: Female

Race: Unknown

Ethnicity: Unknown

**Perry, Elizabeth Eleni, MD**

NPI: 1669035523

License: A180831

Gender: Female

Race: Unknown

Ethnicity: Unknown

To verify the availability of providers, call Partnership Member Services at  
(800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P EB IB R E T**

**PARTNERSHIP PRIMARY CARE PROVIDERS**  
**DEL NORTE COUNTY DIRECTORY**

**Arellanes, Carolyn, PA-C** 

NPI: 1659501880

License: 20429

Gender: Female

Race: Unknown

Ethnicity: Unknown

**Szabo, Lynn Marie, PA-C** 

NPI: 1336234806

License: 12136

Gender: Female

Spanish

Race: Unknown

Ethnicity: Unknown

Special Accommodations: Adj.  
Exam Tables, Hearing Impaired  
Accommodations, Gurney  
Accommodations, Medical  
Equipment Access, Scales that  
weigh up to 800lbs

**Crescent City Internal Medicine**

**PCP PHC#: 24279-0008**

NPI: 1073511796

Internal Medicine

**Accepting Existing Patients**

19 Years and Older

1771 Northcrest Dr

Crescent City, CA 95531

 , **EB,IB,E,T**

Level of Access: Limited

Primary Phone: (707) 465-8666

Primary Fax: (855) 208-8244

[www.ccinternalmedicine.com](http://www.ccinternalmedicine.com)

Mon - Thu 8:00 AM - 5:00 PM

Internal Medicine

**Blundell, Matthew Charles, MD**



NPI: 1073511796

License: A62659

Gender: Male

Hospital Privileges: Sutter Coast  
Hospital

To verify the availability of providers, call Partnership Member Services at  
(800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified  = Trained in Cultural Competency.

See Page 43 for a description of codes:  **P EB IB R E T**

**PARTNERSHIP PRIMARY CARE PROVIDERS**  
**DEL NORTE COUNTY DIRECTORY**

Race: Unknown  
Ethnicity: Unknown

Special Accommodations: Adj.  
Exam Tables, Gurney  
Accommodations, Scales that  
weigh up to 400lbs

**Del Norte Community Health  
Center**

Open Door Community Health  
Centers

**PCP PHC#: 2266-0008**

NPI: 1497840656

FQHC

Family Medicine, Pediatrics

**Accepting New Patients**

No Age Limitations

CHDP Provider

550 E Washington Blvd Ste 100

Crescent City, CA 95531

♿, **P,EB,IB,E**

Level of Access: Limited

Primary Phone: (707) 465-6925  
Primary Fax: (707) 387-9808  
Hmong, Spanish  
[www.opendoorhealth.com/opendoor](http://www.opendoorhealth.com/opendoor)

Mon 8:00 AM - 5:00 PM

Tue - Fri 8:00 AM - 7:00 PM

Family Medicine

**Pearson, Clint Troy, MD**

NPI: 1659464113

License: A63491

Gender: Male

Hospital Privileges: Sutter Coast  
Hospital

Race: Unknown

Ethnicity: Unknown

Pediatrics

**Parker, Hannah E, DO**

NPI: 1295231306

License: 20A19023

Gender: Female

Race: Unknown

To verify the availability of providers, call Partnership Member Services at  
(800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified 🌐 = Trained in Cultural Competency.

See Page 43 for a description of codes: ♿ **P EB IB R E T**

**PARTNERSHIP PRIMARY CARE PROVIDERS**  
**DEL NORTE COUNTY DIRECTORY**

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Ethnicity: Unknown

**Chretien, Dana, PA-C**

NPI: 1740746452

License: 62097

Gender: Female

Race: Unknown

Ethnicity: Unknown

**Healey, Nora Annette, FNP**

NPI: 1710381066

License: 95017854

Gender: Female

Race: Unknown

Ethnicity: Unknown

**Jacot, Dustin Andrew, PA-C**

NPI: 1699023077

License: 22461

Gender: Male

Race: Unknown

Ethnicity: Unknown

**Matson, Joshua Thomas, PA-C**

NPI: 1982862538

License: 55780

Gender: Male

Race: Unknown

Ethnicity: Unknown

**Szabo, Lynn Marie, PA-C** 

NPI: 1336234806

License: 12136

Gender: Female

Spanish

Race: Unknown

Ethnicity: Unknown

**Wright, Hiedi Mae, FNP**

NPI: 1215629407

License: 95024569

Gender: Female

Race: Unknown

Ethnicity: Unknown

Special Accommodations: Adj.  
Exam Tables, Hearing Impaired  
Accommodations, Gurney  
Accommodations, Scales that  
weigh up to 1000lbs

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To verify the availability of providers, call Partnership Member Services at  
(800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified  = Trained in Cultural Competency.

See Page 43 for a description of codes:  **P E B I B R E T**

**PARTNERSHIP PRIMARY CARE PROVIDERS**  
**DEL NORTE COUNTY DIRECTORY**

**Stallant Health & Wellness**

**PCP PHC#: 67316-0005**

NPI: 1366082463

Family Medicine

**Accepting New Patients**

No Age Limitations

CHDP Provider

515 E Washington Blvd

Crescent City, CA 95531

Primary Phone: (707) 460-1802

Primary Fax: (833) 916-2036

Spanish

Mon - Thu, Sun 8:00 AM - 8:00 PM

Fri 8:00 AM - 2:00 PM

Family Medicine

**Nebblett, Edwin Emmanuel, MD**



NPI: 1558352963

License: G152996

Gender: Male

Race: Unknown

Ethnicity: Unknown

**Steffens, Randall Lee, DO**

◆ Family Medicine

◆ Osteopathic Manipulative  
Therapy

NPI: 1992745079

License: 20A9918

Gender: Male

Hospital Privileges: Sutter Coast  
Hospital

CCS Provider

Race: Unknown

Ethnicity: Unknown

**Bracebridge, Allen Jeffrey, FNP**

NPI: 1790441871

License: 95023814

Gender: Male

Race: Unknown

Ethnicity: Unknown

**Glass, Brian Nathaniel, FNP**

NPI: 1396176202

License: 95005781

Gender: Male

Race: Unknown

To verify the availability of providers, call Partnership Member Services at  
(800) 863-4155; TTY Users call (800) 735-2929 or 711.

◆ = Board Certified = Trained in Cultural Competency.

See Page 43 for a description of codes: **P E B I B R E T**

**PARTNERSHIP PRIMARY CARE PROVIDERS**  
**DEL NORTE COUNTY DIRECTORY**

Ethnicity: Unknown  
**Holbert, Zachary Gamaral, FNP**  
NPI: 1073985834  
License: 95010764  
Gender: Male  
Spanish  
Race: Unknown  
Ethnicity: Unknown  
**Sternenberg, Patricia, FNP**  
NPI: 1699406090  
License: 95026225  
Gender: Female  
Race: Unknown  
Ethnicity: Unknown

**Sutter Coast Community Clinic**

**PCP PHC#: 20771-0004**

NPI: 1700960267

Family Medicine, Pediatrics

**Accepting New Patients**

0-18 Years

**Accepting Existing Patients**

19 Years and Older

CHDP Provider

780 E Washington Blvd  
Crescent City, CA 95531

♿, **P,EB,R,E,T**

Level of Access: Limited

Primary Phone: (707) 464-6715

Primary Fax: (707) 465-0870

Spanish

Mon - Fri 8:00 AM - 5:00 PM

To verify the availability of providers, call Partnership Member Services at (800) 863-4155; TTY Users call (800) 735-2929 or 711.

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**PARTNERSHIP PRIMARY CARE PROVIDERS**  
**DEL NORTE COUNTY DIRECTORY**

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Family Medicine

**Reed, Gudrun Heide, MD** 

NPI: 1598007437

License: A171172

Gender: Female

German

Race: Unknown

Ethnicity: Unknown

Pediatrics

**Nasri, Hamzeh, MD** 

NPI: 1770832594

License: A45041

Gender: Male

Hospital Privileges: Sutter Coast  
Hospital

Race: Unknown

Ethnicity: Unknown

**Snyder, Lena Mae, MD** 

NPI: 1114933249

License: C145820

Gender: Female

Hospital Privileges: Sutter Coast  
Hospital

CCS Provider

Race: Unknown

Ethnicity: Unknown

**Chase, Karen Grace, FNP** 

NPI: 1891729406

License: 22744

Gender: Female

Race: Unknown

Ethnicity: Unknown

**Mitchell, Shannon Marie, PA-C**

NPI: 1548832744

License: 59702

Gender: Female

Race: Unknown

Ethnicity: Unknown

**Schwarz, Suzie Q, PA-C** 

NPI: 1144644451

License: 52748

Gender: Female

Race: Unknown

Ethnicity: Unknown

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To verify the availability of providers, call Partnership Member Services at  
(800) 863-4155; TTY Users call (800) 735-2929 or 711.

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**PARTNERSHIP PRIMARY CARE PROVIDERS**  
**DEL NORTE COUNTY DIRECTORY**

Special Accommodations: Adj.  
Exam Tables, Gurney  
Accommodations, Medical  
Equipment Access, Scales that  
weigh up to 800lbs

**Klamath**

**Klamath Health Clinic**

United Indian Health Services, Inc.

**PCP PHC#: 27963-0003**

NPI: 1497751572

Tribal

Family Medicine

**Accepting Native American  
Indians**

No Age Limitations

**Accepting Existing Patients**

No Age Limitations

CHDP Provider

241 Salmon Ave

Klamath, CA 95548

♿, **P,EB,IB,R**

Level of Access: Limited

Primary Phone: (707) 482-2181

Primary Fax: (707) 482-3655

[www.unitedindianhealthservices.org](http://www.unitedindianhealthservices.org)

Mon - Fri 8:00 AM - 5:00 PM

To verify the availability of providers, call Partnership Member Services at  
(800) 863-4155; TTY Users call (800) 735-2929 or 711.

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**PARTNERSHIP PRIMARY CARE PROVIDERS**  
**DEL NORTE COUNTY DIRECTORY**

Family Medicine

**Cassel, Kathleen Marie, MD** 

NPI: 1962400051

License: A70180

Gender: Female

Hospital Privileges: Mad River

Community Hospital

CCS Provider

Race: Unknown

Ethnicity: Unknown

**Khalsa, Gurudarshan Singh, MD**



NPI: 1356409973

License: G87761

Gender: Male

Race: Unknown

Ethnicity: Unknown

Special Accommodations: Adj.  
Exam Tables, Hearing Impaired  
Accommodations, Gurney  
Accommodations, Scales that  
weigh up to 800lbs

**Smith River**

**Howonquet Clinic**

United Indian Health Services, Inc.

**PCP PHC#: 38364-0005**

NPI: 1821440371

Tribal

Family Medicine

**Accepting Native American  
Indians**

No Age Limitations

**Accepting Existing Patients**

No Age Limitations

CHDP Provider

501 North Indian Rd

Smith River, CA 95567

**♿, P,EB,IB,E,T**

Level of Access: Limited

Primary Phone: (707) 487-0215

Primary Fax: (707) 487-3003

Mon - Fri 8:00 AM - 5:00 PM

To verify the availability of providers, call Partnership Member Services at  
(800) 863-4155; TTY Users call (800) 735-2929 or 711.

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**PARTNERSHIP PRIMARY CARE PROVIDERS**  
**DEL NORTE COUNTY DIRECTORY**

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Family Medicine

**Gordon, Kenyetta Michelle, MD**

NPI: 1013101161

License: C186176

Gender: Female

Race: Unknown

Ethnicity: Unknown

**Arellanes, Carolyn, PA-C** 

NPI: 1659501880

License: 20429

Gender: Female

Race: Unknown

Ethnicity: Unknown

**Szabo, Lynn Marie, PA-C** 

NPI: 1336234806

License: 12136

Gender: Female

Spanish

Race: Unknown

Ethnicity: Unknown

Special Accommodations: Adj.  
Exam Tables, Hearing Impaired  
Accommodations, Gurney  
Accommodations, Medical  
Equipment Access

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To verify the availability of providers, call Partnership Member Services at  
(800) 863-4155; TTY Users call (800) 735-2929 or 711.

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**Phone:** (800) 863-4155  
<http://www.PartnershipHP.org>