

**SITE ASSESSMENT RESPONSE**

TO:  
FR: Rebecca Browne , Rights Officer  
Date:  
RE:

The Recipient Rights Site Assessment completed on \_\_\_\_\_ is attached. Space is provided below on this form for written responses for required action to the items found to be in non-compliance. Please indicate what you have done or plan to do in response to each finding and include your initials and date. Please provide written documentation that the cited rights policies and procedures are in compliance with the Mental Health Code if applicable. A follow up visit will occur in 30 days to ensure required actions have been taken.

**RETURN THE COMPLETED FORM BY :** \_\_\_\_\_

**TO:** Rebecca Browne, Rights Officer  
Shiawassee County CMH  
PO Box 428  
Owosso MI 48867

**FAX:** (989) 723-0761

If you have any questions, please contact me at (989) 723-0725. Thank you

\_\_\_\_\_  
Rebecca Browne, Rights Officer

\_\_\_\_\_  
Date

***RESPONSE TO REQUIRED ACTION***

*Signature, Title*

*Date*

**SITE ASSESSMENT RESPONSE**

TO:  
FR: Rebecca Browne, Rights Officer  
Date:  
RE: 2008 Site Assessment

The Recipient Rights Site Assessment completed on \_\_\_\_\_ is attached. \_\_\_\_\_ was found to be in Full Compliance with the rights protection requirements for the \_\_\_\_\_ site.

I look forward to our continued cooperative relationship in ensuring the protection of consumer's rights. Please feel free to contact me at any time at (989) 723-0725 if there is way I can be of assistance to you in the future.

**PLEASE SIGN AND RETURN THIS FORM BY:** \_\_\_\_\_

**TO:** Rebecca Browne, Rights Officer  
Shiawassee County CMH  
PO Box 428  
Owosso MI 48867

**FAX:** (989) 723-0761

If you have any questions, please contact me at (989) 723-0725. Thank you

\_\_\_\_\_  
Rebecca Browne, Rights Officer

\_\_\_\_\_  
Date

***RESPONSE TO REQUIRED ACTION***

*No action required.*

*Signature, Title*

*Date*