

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
POLICY AND PROCEDURE MANUAL

Section: Recipient Rights
Policy Number: 59
Subject: **Substance Use Disorder - Informing
Recipients of their Rights and
Responsibilities**

Effective Date: 2/16/09
Last Revision Date: 5/20/16
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Policy

It is the policy of Shiawassee County Community Mental Health Authority (SCCMHA) that recipients shall be informed of their rights and responsibilities in a timely manner. It is also SCCMHA policy that information regarding recipient rights shall be available at all times.

Purpose

To establish policy and standards to ensure that individuals receiving substance use disorder services at Shiawassee County Community Mental Health Authority are provided with information regarding their rights and responsibilities.

To ensure compliance with the Michigan Department of Health and Human Services Administrative Rules.

Application

This policy applies to all employees, independent contractors, and contract agencies of the Shiawassee County Community Mental Health Authority.

Procedure

- A. The following documents shall be posted in a public place as required (AR325.14302, Rule 302, 9):
1. SCCMHA approved posters delineating the rights of recipients of substance use disorder services
 2. The name and phone number of the Program's Substance Abuse Rights Advisor.
 3. Specific program rules and responsibilities to be observed by recipients, if applicable.
 4. Specific infractions and situations which may lead to discharge from treatment

or discontinuation of services, the staff members who may make this decision, and the mechanism for appeal of such decisions (AR325.14305, Rule 305, 3a-d).

B. Upon admission each recipient will receive all of the following (AR 325.14302, Rule 302, 6a-e):

1. A written description of the rights of recipients of substance use disorder services
2. A written description of any restrictions of the rights based on program policy (Specific program rules and responsibilities to be observed by recipients).
3. An oral explanation of the rights in language which is understood by the recipient.
4. A form approved by the office which indicates that the recipient understands the rights and consents to the restrictions of the rights based on program policy. The recipient shall sign this form. One copy of the form shall be provided to the client and one copy shall become a part of the client's record.
5. A copy of specific infractions and situations which may lead to discharge or discontinuation of treatment, the staff members who may make the decision, and the mechanism for appeal of such decisions.

References and Legal Authority

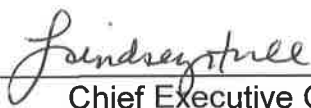
Department of Health and Human Services Administrative Rules.

Compliance

External: Michigan Department of Health and Human Services Administrative Rules

Approved by: 
Board Chairperson

9-26-2016
Date


Chief Executive Officer

9/28/16
Date

Review/Revision Dates:

Date:	By:
7/21/11	Reviewed by Recipient Rights Advisory Committee
7/19/12	Reviewed by Recipient Rights Advisory Committee
10/17/13	Reviewed by Recipient Rights Advisory Committee
12/11/14	Reviewed by Recipient Rights Advisory Committee
01/21/16	Annual Review by Recipient Rights Advisory Committee
5/20/16	Revised by Rebecca Browne