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<tr><th colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Recipient Rights – Confidentiality</td><td>Chapter: 02 - Customer Service and Recipient Rights</td><td>Subject No: 02.02.05</td></tr>
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Additional Reviewers:
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<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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Purpose:
The purpose of this policy is to protect the information in the record of a recipient, and other information acquired while providing public mental health services to a recipient.

Policy:
Information obtained through the course of public mental health treatment shall be kept confidential unless the person served has signed an Authorization to Release Medical Information or is otherwise specified by law.

Application:
This Policy applies to all Saginaw County Community Mental Health Authority (SCCMHA) direct operated programs as well as all SCCMHA Service Provider Network programs.

Standards:
1) As stated in the Policy Section, all information in the clinical record and other information obtained while providing services is confidential.

2) A summary of the Michigan Mental Health Code section 330.1748 is made a part of every person served record.

3) For case records made following March 28, 1996; information made confidential by Section 330.748 of the Michigan Mental Health Code, shall be disclosed to a competent adult person served upon the recipient's request. Release will be done as

expeditiously as possible, but in no event, later than the 30 days of the request, or prior to release from treatment.

4) Except as otherwise provided in 1748 (4), if consent has been obtained from:
   a) The recipient,
   b) The recipient's guardian who has the authority to consent,
   c) A parent with legal custody of a minor recipient, or
   d) Court appointed personal representative or executor of the estate of a deceased recipient, information made confidential by 1748 may be disclosed to:
      1) a provider of mental health services to the recipient, or
      2) the recipient, his or her guardian, the parent of a minor, or another individual or agency unless, in the written judgement of the holder {of the record} the disclosure would be detrimental to the person served or others.

5) When requested, information shall be disclosed only under one or more of the following circumstances:
   a) Pursuant to order or subpoenas of a court of record or legislature for non-privileged information unless the information is privileged by law.
   b) To a prosecuting attorney as necessary for the prosecutor to participate in a proceeding governed by the Mental Health Code.
   c) To an attorney for the person served with consent of the recipient, the recipient's guardian with authority to consent, or the parent with legal and physical custody of a minor recipient.
   d) To the Auditor General.
   e) When necessary, to comply with another provision of the law.
   f) To MDHHS when information is necessary for the department to discharge a responsibility placed upon it by law.
   g) To a surviving spouse, or if not, closest relative of the recipient, to apply for and receive benefits, but only if the spouse or closest relative has been designated the personal representative or has a court order.

6) For requests made for confidential information by a person or agency not covered under 1748(4) the following steps will be followed.
   a) The holder of the record shall not decline to disclose information whether a person served, or other empowered representative has consented, except for a documented reason.
   b) If a holder declines to disclose, there shall be a determination whether part of the information can be released without detriment.
   c) Once the decision has been made to not release information based on determination, the Chief Executive Officer (CEO) will review the information and determine if a part of the information requested may be released without detriment and will provide the decision in writing.

7) This review shall not exceed three business days if the record is on-site, or ten business days if the record is off-site.

8) The requester of the information may file a complaint with the SCCMHA ORR if he or she disagrees with the decision of the CEO.

9) Attorneys representing recipients may review records only upon presentation of identification and the recipient's consent or a release executed by the parent or guardian shall be permitted to review the record on the provider's premises.

10) An attorney who has been retained or appointed to represent a minor pursuant to an objection to hospitalization of a minor shall be allowed to review the records.

11) Attorneys who are not representing recipients may review records only if the attorney presents a certified copy of an order from a court directing disclosure of information concerning the person served to the attorney.

12) Attorneys shall be refused information by phone or in writing without the consent or release from the person served, or the request is accompanied or preceded by a certified copy of an order from a court ordering disclosure of information to that attorney.

13) A private physician or psychologist appointed by the court, or retained for testimony in civil, criminal, or administrative proceedings shall, upon presentation of identification and a certified copy of a court order, be permitted to review the records of the person served on SCCMHA premises. Before the review, notification shall be provided to the reviewer and to the court if the records contain privileged communication which cannot be disclosed in court, unless disclosure is permitted because of an express waiver of privilege or because of other conditions that, by law permit or require disclosure.

14) A prosecutor may be given non-privileged information or privileged information which may be disclosed if it contains information relating to names of witnesses to acts which support the criteria for involuntary admission, information relevant to alternatives, to admission to a hospital or facility and other information designated in policies of SCCMHA.

15) Information shall be provided as necessary for treatment, coordination of care, or payment for the delivery of mental health services, in accordance with the health insurance portability and accountability act of 1996, Public Law 104-191.

16) The holder of a record may disclose information that enables a person served to apply for or receive benefits without the consent of the person served or legally authorized representative only if the benefits shall accrue to the provider or shall be subject to collection for liability for mental health service.

17) SCCMHA shall grant a representative of the Disability Rights of Michigan access to the records of all of the following:
   a) A recipient, if the recipient, the recipient's guardian with authority to consent, or a minor's parents with physical and legal custody of the recipient, have consent to the access.
   b) A recipient, including a person served who has died, or whose whereabouts are unknown, if, all of the following apply:
      i) Because of mental or physical condition, the person served is unable to consent to access.
      ii) The person served does not have a guardian or other legal representative, or the recipient's guardian is the State.
      iii) Disability Rights of Michigan has received a complaint on behalf of the recipient, or has probable cause to believe, based on monitoring or other evidence, that the person served has been subject to abuse or neglect.
   c) A person served who has a guardian or other legal representative if all of the following apply:
      i) A complaint has been received by the protection and advocacy system or there is probable cause to believe the health or safety of the person served is in serious and immediate jeopardy.
      ii) Upon receipt of the name and address of the recipient's legal representative, Disability Rights of Michigan contacted the representative and helped in resolving the situation.
      iii) The representative has failed or refused to act on behalf of the recipient.

18) The records, data, and knowledge collected for or by individuals or committees assigned a peer review function including the review function under section 143a (1) of the Mental Health Code are confidential, are used only for the purpose of peer review, are not public records, and are not subject to court subpoena.

19) SCCMHA, when authorized to release information for clinical purposes by the recipient, their guardian, or a parent of a minor, releases a copy of the entire medical and clinical record to the provider of mental health services.

20) Upon receipt of a written request from the Department of Health and Human Services and/or Child Protective Services, every effort will be made to provide the requested records or information by the next business day. However, compliance with the request will not exceed 14 days from the receipt of the request.

21) A recipient, guardian, or parent of a minor recipient, after having gained access to treatment records, may challenge the accuracy, completeness, timeliness, or relevance of factual information in the recipient's record; the person served or other empowered representative will be allowed to insert into the record a statement correcting or amending the information at issue; the statement will become part of the record.

22) A record is kept of disclosures including:
   a) Information released

b) To whom it is released
c) Purpose stated by person requesting the information
d) Statement indicating how disclosed information is appropriate to the state purpose
e) The part of law under which disclosure is made
f) Statement that the people receiving the disclosed information could only further disclose consistently with the authorized purpose for which it was released.

23) Any person receiving information made confidential by this policy shall disclose the information to others to an extent consistent with the authorized purpose for which the information was obtained. A record shall be kept of all disclosures including:
   a) Information released
   b) To whom it is released
   c) Purpose stated by the person requesting the information
   d) Statement indicating how disclosure information is appropriate to the stated purpose.
   e) The part of law by which disclosure is made
   f) Statement that the people receiving the disclosed information could only further disclose consistently with the authorized purpose for which it was released.

24) Information may be disclosed at the discretion of the holder of the record:
   a) As necessary for the purpose of, outside research, evaluation, accreditation, or statistical compilation, provided that the person who is the subject of the information be identified from the disclosed information, only when such identification is essential in order to achieve the purpose for which the information is sought or when preventing such identification would clearly be impractical. But, in no event when the subject of the information is likely to be harmed by such identification.
   b) To providers of mental or other health services or a public agency when there is a compelling need for disclosure based upon a substantial probability of harm to another person.

25) Unless 330.748(4) applies, if a request for information has been delayed, the CEO shall review the request.

Definitions:

Holder of the record: The agency given charge over a record which contains confidential information obtained through the course of mental health treatment.

References:
Mental Health Code: 330.1748
Mental Health Code: 330.1749
Mental Health Code: 330.1776
Administrative Rules: 330.7051
45 Code of Federal Regulations 164.502(g)(4)

Health Insurance Portability and Accountability act of 1996
Public Law 104-19

Exhibits:
Exhibit A - Saginaw County Community Mental Health Authority Release of Information

Procedure:

ACTIONS	RESPONSIBLE
1) Any requests for information contained in person served medical records are directed at the Medical Records Unit.	1) People requesting medical records
2) Any individual requesting medical records, including recipients, will be required to sign the appropriate release to receive the requested information.	2) Medical Records staff
3) Requests for medical records are processed in accordance with the Standards contained in this policy.	3) Medical Records staff

Exhibit A

Saginaw County Community Mental Health Authority

Michigan Department of Health and Human Services (MDHHS)
(Revised 9-25)

Use this form to give or take away your consent to share information about your:

- Mental and behavioral health services. This will be referred to as "behavioral health" throughout this form.
- Diagnosis, referral, and treatment for an alcohol or substance use disorder. This will be referred to as "substance use disorder" throughout this form.

This information will be shared to help diagnose, treat, manage, and pay for your health needs.

If using this form for multiple party disclosures, all information identified will be shared with all parties identified on this form. If this is not the goal, use separate forms.

Why This Form is Needed

When you receive health care, your health care provider and health plan keep records about your health and the services you receive. This information becomes a part of your medical record. Under state and federal laws, your health care provider and health plan do not need your consent to share most types of your health information to treat you, coordinate your care, or get paid for your care. But they may need your consent to share your behavioral health or substance use disorder records.

Instructions

To give consent, fill out Sections 1, and then fill out either section 2 Treatment, Payment, and Healthcare Operations (TPO) only, sections 3 and 4 only or sections 2, 3, and 4.

This consent will not be used for any civil, criminal, administrative, or legislative proceedings.

To take away consent, fill out Section 6.

Sign the completed form, then give it to your health care provider. They can make a copy for you.

SECTION 1 - ABOUT YOU

Name (First, Middle Initial and Last)	Date of Birth
Janet W. Doe	07/04/1988

SECTION 2 - TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS (TPO)

Sharing information between individuals and organizations

Consent for All Future Uses for Treatment, Payment, and Health Care Operations

☐Share all behavioral health and substance use disorder information with all my treating providers, health plans, third-party payers, and people helping to operate this program for treatment, payment, and health care operations.

Expiration for TPO consent: Unless otherwise specified below, this consent does not expire.

This consent expires (optional)
03/12/2027

When providing a consent for treatment, payment, and health care operations there is the potential for records used or disclosed pursuant to the consent to be subject to redisclosure by the recipient and no longer protected under 42 CFR Part 2.

If you do not consent to sharing for treatment, payment, and health care operations the consequences, if any, are

SECTION 3 - WHO CAN SEE YOUR INFORMATION AND HOW THEY CAN SHARE IT

A. Let us know who can see and share your behavioral health and substance use disorder records. You should list the specific names of health care providers, health plans, family members, or others. They can only share your records with people or organizations listed below.

Health Plan

Pre-paid Inpatient Health Plan (PIHP)
Mid-State Health Network

1. Saginaw
   500 Hancock Street Saginaw, MI 48602-4224
   Phone: 989-797-3400 Fax: 989-799-0206

B. Sharing Information Electronically

Health information exchanges or networks share records back and forth electronically. This type of sharing helps the people involved in your health care. It helps them provide better, faster, safer, and more complete care for you. Your health care provider and health plan may have already listed these organizations below.

Choose only one option:

☒ Share my information through the organizations listed below. This information will be shared with the individuals and organizations listed under Section 3a

☐ Do not share my information through the organizations listed below.

☐ Share my information through the organizations listed below with all of my past, current, and future treating providers. If I choose this option, I can request a list of providers who have seen my records.

For Health Care Provider or Health Plan Use Only. List all health information exchanges or networks:

1. PCE Systems
2. Michigan Health Information Network

SECTION 4 - WHAT INFORMATION YOU WANT TO SHARE

Choose one option:

☒ Share all of my behavioral health and substance use disorder records. This does not include "psychotherapy notes and/or substance use disorder counseling notes."

☐ Share only the types of behavioral health and/or substance use disorder records listed above. For example, what I am being treated for, my medications, lab results, etc.

The expiration date, event, or condition for Sections 3 and 4

This signature is good for one year from the date signed. I can choose an earlier date to terminate this consent or have it end after the event or condition listed below.

Date, event, or condition

<ONE YEAR FROM SIGNATURE DATE>

SECTION 5 - YOUR CONSENT AND SIGNATURE

Read the statements below, then sign and date the form.

By signing this form, I understand:

- I am giving consent to share my behavioral health and/or substance use disorder records. This includes referrals and services for alcohol and substance use disorders and/or other information may also be shared.
- My records may be shared with the people or organizations as described above.
- Other types of my heath information may be shared along with my behavioral health and substance use disorder records. Under existing laws, my health care provider and health plan do not need my consent to share most types of my health information to treat me, coordinate my care or get paid for care.
- This form does not give my consent to share "psychotherapy notes and/or with substance use disorder counseling notes."
- I can remove my consent to share behavioral health and substance use disorder records at any time. I understand that any records already shared because of past approval cannot be taken back. I should tell all individuals and organizations listed on this form if I remove my consent.
- I have read this form or it has been read to me in a language I can understand. My questions about this form have been answered. I can have a copy of this form.

Electronically Signed By:

Kentera Patterson BS	03/17/2026
STAFF SIGNATURE / CREDENTIALS	DATE

CONSUMER SIGNATURE	PRINTED NAME	DATE
PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE SIGNATURE	PRINTED NAME	DATE
WITNESS SIGNATURE	PRINTED NAME	DATE

SECTION 6 - TAKE AWAY YOUR CONSENT, WHO CAN NO LONGER SEE YOUR INFORMATION

I no longer want to share my records with those listed above. I understand any information already shared because of past approval cannot be taken back.

State your relationship to the person withdrawing consent, then sign and date below.

☐ Self
☐ Parent (Print Name)
☐ Guardian (Print Name)
☐ Authorized Representative (Print Name)

Signature Date

SECTION 7 - FOR HEALTH CARE PROVIDER OR HEALTH PLAN USE ONLY

Verbal Withdraw of Consent

☐The individual listed above in Section 1 has taken away his/her consent.

List the individual who requested the withdrawal below, then sign and date below.

☐ Individual listed in Section 1
☐ Parent (Print Name)
☐ Guardian (Print Name)
☐ Authorized Representative (Print Name)

Print name of person who received the verbal withdrawal

Signature Date

Other Information for Health Care Providers and Health Plans

This form cannot be used for a release of information from any person or agency that has provided services for domestic violence, sexual assault, stalking, or other crimes. See the FAQ for providers and other organizations at michigan.gov/bhconsent

Additional Identifiers (Optional)

Medicaid	Last 4 of the Social Security Number	Case #
000123456789	*****9998	000000012

Form Copy (choose one option)

☒ The individual in Section 1 **received** a copy of this form.
☐ The individual in Section 1 **declined** a copy of this form.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, national origin, color, sex, disability, religion, age, height, weight, family status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

AUTHORITY: This form is acceptable to MDHHS as compliant with 42 CFR Part 2, PA 258 of 1974 and MCL 330.1748 and PA 368 of 1978, MCL 333.1101 et seq. and PA 129 of 2014, MCL 330.1141a.

COMPLETION: Voluntary but required of disclosure is requested.