

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY  
POLICY & PROCEDURE MANUAL**

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PERSONNEL  
(Manual Section)

**RECIPIENT RIGHTS:  
CONFIDENTIALITY - DISCLOSURE & SECURITY OF INFORMATION**  
(Subject)

Approval of Policy

Dated:

Policy Inception Date:  
Last Revision of Policy Approved:

January 11, 1996

*[signed by Nena Sork]*

June 17, 2024

**•1 POLICY:**

It is the policy of the Agency that all information in the record of the individual served, and other information acquired in the course of providing mental health services to an individual, shall be kept confidential and shall not be open for public inspection. Information may be disclosed by the record holder only under the conditions hereinafter described.

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.

**•2 APPLICATION:**

All employees, all individuals receiving services.

**•3 DEFINITIONS:**

**CONFIDENTIAL INFORMATION:** All information in the record of an individual receiving services, any information acquired in the course of providing mental health services to the individual, and the following:

1. Information acquired in diagnostic interviews or examinations;
2. Results and interpretations of tests ordered by a mental health professional;
3. Progress notes or other entries by mental health professionals concerning the individual's condition or progress.

Confidential information includes the following:

1. Individual's name and any identifying information
2. Whether or not the individual is receiving services
3. Photographs, videotapes, or audio-recordings of the individual

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4. All information in the individual's electronic health record
5. Any information learned while providing services to the individual

**CONSUMER RECORDS:** All forms of the individual receiving services record including written, electronic, duplicated, and faxed copies. The record is considered a legal document, and it may be admissible as evidence in a court of law.

**HOLDER OF RECORD:** The Clerical Supervisor or designee.

**PRIVILEGED COMMUNICATION:** Communication referred to in Section 330.1750 of PA 258 (Mental Health Code). See attached exhibit.

**SUBPOENA:** A command to appear at a certain time and place to give testimony on a certain matter.

**SUBPOENA DUCES TECUM:** A subpoena that requires the production of books, papers, and/or other items.

**REFERRAL SOURCES:** These include, but are not limited to, health care professionals, agencies, courts, schools, teachers, employers, attorneys, other health care professionals, or persons engaged in other professional service occupations. Referral sources do not include family, significant others, relatives, friends, acquaintances, or any persons with whom the prospective individual or individual receiving services is involved on a social, business, casual, or family level. For the purpose of coordination of care, referral sources include only medical and behavioral health providers (see Treatment below).

**TREATMENT, PAYMENT, HEALTH CARE OPERATIONS:** (As defined by HIPAA) A covered entity may use and disclose protected health information for its own treatment, payment, and healthcare operations activities. A covered entity also may disclose protected health information for the treatment activities of any health care provider, the payment activities of another covered entity, and of any health care provider, or the health care operations of another covered entity involving either quality or competency assurance activities or fraud and abuse detection and compliance activities, if both covered entities have or had a relationship with the individual and the protected health information pertains to the relationship.

**Treatment** is the provision, coordination, or management of healthcare and related services for an individual by one or more healthcare providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.

**Payment** encompasses activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and the provision of benefits, and furnish or obtain reimbursement for healthcare delivered to an individual and activities of a healthcare provider to obtain payment or be reimbursed for the provision of healthcare to an individual.

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**Healthcare Operations** are any of the following activities: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.

**•4 CROSS-/REFERENCES:**

[Retention & Disposal of Records – Policy 2585](#)

[Coordination of Care – Policy 5150](#)

Mental Health Code Sections 330.1748 and 330.1750

Administrative Rules 7051

42 CFR, 164.512

**•5 FORMS AND EXHIBITS:**

[Exhibit B – Section 330.1748 & 50 of PA 258 \(Mental Health Code\)](#)

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**Administrative Approval of Procedure Per:**

*[signed by Nena Sork]*

**Dated:**

June 24, 2024

**•6 PROCEDURE:**

Confidentiality and Disclosure of Information

**•6.1 APPLICATION:**

All employees, all individuals receiving services

**•6.2 OUTLINE / NARRATIVE:**

When requested, information shall be disclosed only under one or more of the following circumstances:

- A. Upon orders or subpoenas of a court of record or subpoenas of the legislature for non-privileged information.
- B. To a prosecuting attorney as necessary for them to participate in a proceeding governed by Act 258 of the Mental Health Code.
- C. To an attorney for the individual receiving services, when consent has been given by the individual, the individual's guardian with authorization to consent, or the parent with legal and physical custody of a minor child receiving services.
- D. When necessary in order to comply with another provision of the law.
- E. To the Michigan Department of Health and Human Services when the information is necessary for that office to discharge a responsibility placed upon it by law.
- F. To the office of the Auditor General when the information is necessary for that office to discharge its constitutional responsibilities. Audit teams from the Office of the Auditor General shall sign an agreement pledging to protect the confidentiality of individual's electronic health record information prior to conducting an Agency audit.
- G. To a surviving spouse, or if none, to the individual(s) most closely related to the deceased individual, 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.
- H. As necessary for treatment, coordination of care for the delivery of mental health services, in accordance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-91.

Information in the record of a recipient, and other information acquired in the course of providing mental health services to a recipient, shall be kept confidential and is not open to public inspection. The information may be disclosed outside the department,

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community mental health services program, licensed facility, or contract provider, whichever is the holder of the record, only in the circumstances and under the conditions set forth in this section or section 748a.

If information made confidential by this section is disclosed, the identity of the individual to whom it pertains shall be protected and shall not be disclosed unless it is germane to the authorized purpose for which disclosure was sought. When practicable, no other information shall be disclosed unless it is germane to the authorized purpose for which disclosure was sought.

An individual receiving information made confidential by this section shall disclose the information to others only to the extent consistent with the authorized purpose for which the information was obtained.

For case record entries made subsequent to the effective date of the amendatory act that added section 100a, (03/28/96) information made confidential by this section shall be disclosed to an adult individual receiving services, upon the individual's request, if the individual does not have a guardian and has not been adjudicated legally incompetent. Release is done as expeditiously as possible, but in no event later than the earlier of 30 days of the request or prior to release from treatment.

**ACCESS BY DISABILITY RIGHTS OF MICHIGAN:**

If required by federal law, a representative of Disability Rights of Michigan shall be granted access to the records of all the following:

- A. An individual receiving services, if the individual, the individual's guardian with authority to consent, or a minor child's parent with legal and physical custody of the child has consented to the access.
- B. An individual receiving services, including an individual who has died or whose whereabouts are unknown, if all the following apply:
  - 1. Because of mental or physical condition, the individual is unable to consent to the access.
  - 2. The individual does not have a guardian or other legal representative, or the individual's guardian is the state.
  - 3. The protection and advocacy system has received a complaint on behalf of the individual or has probable cause to believe, based on monitoring or other evidence, that the individual has been subject to abuse or neglect.
- C. An individual receiving services who has a guardian or other legal representative if all of the following apply:
  - 1. A complaint has been received by the protection and advocacy system or there is probable cause to believe the health or safety of the individual is in serious and immediate jeopardy.

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2. Upon receipt of the name and address of the individual's legal representative, the protection and advocacy system has contacted the representative and offered assistance in resolving the situation.
3. The representative has failed or refused to act on behalf of the individual.

If Disability Rights of Michigan receives a complaint or has probable cause to suspect abuse, the following conditions must be met before Disability Rights of Michigan may have access to records:

1. The request must be in writing.
2. The Agency must make a determination that it is reasonable to believe that the individual receiving services is or has been subjected to abuse or neglect.
3. The Agency must limit the disclosure to the relevant information expressly authorized by statute or regulation, and;
4. The Agency must maintain documentation of all disclosures.

**RECORD RELEASE WHEN SUSPICIONS OF CHILD ABUSE OR NEGLECT:**

Effective March 1, 1999, the Code mandates release of information as follows:

If there is a compelling need for records or information to determine whether child abuse or child neglect has occurred or to take action to protect a minor where they may be substantial risk of harm, a child protective services caseworker or administrator directly involved in the child abuse or neglect investigation shall notify the Agency's professional that a child abuse or neglect investigation has been initiated involving a person who has received services from the Agency and shall request in writing mental health records and information that is pertinent to that investigation. Upon receipt of this notification and request, the Agency's professional shall review all mental health records and information in the Agency's possession to determine if there are mental health records or information that is pertinent to that investigation. Within 14 days after receipt of a request, the Agency's professional shall release those pertinent mental health records and information to the caseworker or administrator directly involved in the child abuse or neglect investigation.

To the extent not protected by the immunity conferred by 1964 PA 170, MCL 691.1401 to 691.1415, an individual who in good faith gives access to mental health records or information under this section is immune from civil or administrative liability arising from that conduct, unless the conduct was gross negligence or willful and wanton misconduct.

A duty under this act relating to child abuse and neglect does not alter a duty imposed under another statute, including the child protection law, 1975 PA 238, MCL 722.621 to 722.638, regarding the reporting or investigation of child abuse or neglect.

**METHOD BY WHICH INDIVIDUALS RECEIVING SERVICES MAY ACCESS PERSONAL RECORDS:** Individuals may contact the Clerical Supervisor at NeMCMHA or, if needed, they may request the assistance of staff such as a Recipient

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Rights Officer or a supervisor with making the contact. After contacting the Clerical Supervisor, the following process will take place:

- A. The individual and Clerical Supervisor/designee will arrange for an appointment to schedule the review. The appointment will be no longer than one hour in duration.
- B. The individual and Clerical Supervisor/designee will meet in a private room.
- C. The individual will sign an MDHHS Universal Consent.
- D. If a third party is present, the individual receiving services will sign an additional MDHHS Universal Consent to authorize viewing by the third party.
- E. The Clerical Supervisor/designee will be present during the review.
- F. Upon completion of the record review, the Clerical Supervisor/designee will be responsible for securing the electronic health record.
- G. The Clerical Supervisor/designee will complete a disclosure form and file it in the individual's record.

**STATEMENT CORRECTING OR AMENDING INFORMATION:**

An individual receiving services, guardian, or parent of a minor child receiving services, after having gained access to treatment records, may challenge the accuracy, completeness, timeliness, or relevance of factual information in the individual's record. The individual, guardian, or parent of a minor child shall be allowed to insert into the record a statement correcting or amending the information at issue. The statement shall become part of the record.

**STANDARDS:**

- A. A summary of Section 330.1748 of PA 258 (Mental health Code) will be included in each individual's case record.
- B. A record shall be kept of all disclosures and shall minimally include the following:
  1. What information was released;
  2. To whom it was released;
  3. The purpose as stated by the person requesting the information for which the information is to be used;
  4. The subsection of Section 330.1748, or other state/federal law, under which the disclosure was made.
  5. A statement indicating the information released is germane to the stated purpose.
  6. Statement that the persons receiving the disclosed information can only further disclose consistent with the authorized purpose for which it was released.
- C. A fully completed MDHHS Universal Consent must be signed and dated by the individual receiving services or their legal guardian and witnessed for authorization to release information. The MDHHS Universal Consent is to contain:
  1. Individual's name, date of birth, and case number,
  2. The name and full address of the person, agency, or organization to which the information is to be disclosed,
  3. The specific information to be disclosed,

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4. The purpose for the disclosure,
  5. The signature of the person authorizing the release of information,
  6. The date the authorization was signed,
  7. The signature of the individual witnessing the authorization,
  8. A notice that the consent is valid only for a specific period of time or for specified conditions,
  9. A notice that the consent may be stopped at any time by written or verbal request.
  10. A notice that the authorizing of the disclosure is voluntary and that services will not be affected if the individual chooses not to sign the consent, and
  11. A notice that any disclosure of information carries a potential for unauthorized re-disclosure and the information may not be protected by federal or state confidentiality rules.
- D. Prior to release, all copied materials must be stamped, indicating it contains confidential information and that no further release of the information can be made without additional authorization from the individual.
- E. The holder of an individual's record, when authorized to release information for clinical purposes by the individual or the individual's guardian or parent of a minor, shall release a copy of this Agency's entire medical and clinical record to the provider of mental health services.
- F. Except as otherwise provided in section 748.(4), if consent is obtained from the individual receiving services, the individual's guardian with authority to consent, the parent with legal custody of a minor child receiving services, or the court-appointed personal representative or executor of the estate of a deceased individual having received services, information made confidential by this section may be disclosed to all of the following:
- A provider of mental health services to the individual.
  - The individual or their guardian or the parent of a minor child or another individual or agency unless in the written judgment of the holder the disclosure would be detrimental to the individual or others.

Unless section 748(4) of the act applies to the request for information, the director of the provider may make a determination that disclosure of information may be detrimental to the recipient or others. If the director of the provider declines to disclose information because of possible detriment to the recipient or others, then the director of the provider shall determine whether part of the information may be released without detriment.

A determination of detriment shall not be made if the benefit to the recipient from the disclosure outweighs the detriment.

If the record of the recipient is located at the resident's facility, then the director of the provider shall make a determination of detriment within three (3) business days from the date of the request. If the record of the recipient is located at another location, then



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the director of the provider shall make a determination of detriment within ten (10) business days from the date of the request.

The director of the provider shall provide written notification of the determination of detriment and justification for the determination to the person who requested the information. If a determination of detriment has been made and the person seeking the disclosure disagrees with that decision, they may file a Recipient Rights complaint with the Office of Recipient Rights of the community mental health services program.

**IN REGARD TO DUTY TO WARN:**

If an individual receiving services communicates to a mental health professional who is treating the individual a threat of physical violence against a reasonably identifiable third person and the individual has the apparent intent and ability to carry out that threat in the foreseeable future, the mental health professional has a duty to take action as listed below. Except as provided in section 330.1946, a mental health professional does not have a duty to warn a third person of a threat as described in this subsection or to protect the third person.

A mental health professional has discharged the duty created above if the mental health professional, subsequent to the threat, does one or more of the following in a timely manner:

1. Hospitalizes the individual or initiates proceedings to hospitalize the individual under Chapter 4 or 4a of the Mental Health Code.
2. Makes a reasonable attempt to communicate the threat to the third person and communicates the threat to the local police department or county sheriff for the area where the third person resides or for the area where the individual receiving services resides, or to the state police.
3. If the mental health professional has reason to believe that the third person who is threatened is a minor or is incompetent by other than age, takes the steps set forth in (2) and communicates the threat to the Department of Health and Human Services in the county where the minor resides and to the third person's custodial parent, noncustodial parent, or legal guardian, whoever is appropriate in the best interests of the third person.

**IN REGARD TO LOCAL POLICE OR PROTECTIVE SERVICES:**

The staff member shall immediately report to the program supervisor or the Executive Director all information provided by an individual which reveals that substantial or serious physical harm may come to the individual or to another person in the near future.

For police and other law enforcement requests for information and search warrants, the following is adhered to:

1. An individual's record is not to be disclosed to police or other law enforcement agencies requesting information absent an individual's written authorization, unless:

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- a. The police or other law enforcement agency presents a court order or a search warrant signed by a judge expressly directing the service provider to release specific information.
- b. The information is requested pursuant to a statutory requirement that such information be released pursuant to statutes regarding abuse and/or neglect of children or elders.

**IN REGARD TO ATTORNEYS OTHER THAN PROSECUTING ATTORNEYS:**

The holder of the record shall permit attorneys other than prosecuting attorneys to review on the premises any record containing information concerning the individual receiving services if:

1. The attorney is retained or appointed by the court to represent the individual and presents identification and a consent or release executed by the individual, guardian with authority to consent, or parent of a minor.
2. The attorney does not represent the individual but presents a certified copy of an order from a court directing disclosure of information concerning the individual to that attorney.
3. The 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.

The holder of the record shall refuse written or telephone requests for information by attorneys unless such a request is accompanied or preceded by a certified true copy of an order from a court ordering disclosure of information to the attorney.

The holder of the record may give a prosecutor non-privileged information or privileged information which may be disclosed if it contains information relating to participation in proceedings under the Mental Health Code. Such information could include:

1. Names of witnesses to acts which support criteria for involuntary admission.
2. Information relevant to alternatives to admission to a hospital or facility;
3. Other information determined by the Agency Executive Director as necessary and pertinent to proceedings under the Mental Health Code.

**IN REGARD TO PRIVATE PHYSICIANS AND PSYCHOLOGISTS:**

The holder of the record shall provide information to private physicians and certified consulting psychologists appointed or retained to testify in civil, criminal, or administrative proceedings as follows:

1. Those who present identification and a certified true copy of a court order appointing them to examine an individual receiving services for the purpose of diagnosing the individual's present condition shall be permitted to review on the program's premises a record containing information concerning the individual.
2. They shall be notified prior to their review of the record when the records contain privileged communications which cannot be disclosed in court under Section 330.1750(2) of Act 258 (Mental Health Code), unless disclosure is permitted because of an express waiver of privilege or by law which permits or requires disclosure.

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IN REGARD TO DISCRETIONARY RELEASE WITHOUT INDIVIDUAL'S/  
GUARDIAN'S AUTHORIZED CONSENT:

The holder of the record:

1. May disclose information enabling an individual to apply for or receive benefits or would be subject to collection for liability for mental health service.
2. May disclose non-identifying information for purposes of outside research, evaluation, accreditation, or statistical information provided that the person who is the subject of the information cannot be identified from the disclosed information only when such identification is sought or when preventing such identification should clearly be impractical, but in no event when the subject of the information is likely to be harmed by such identification.
3. May disclose 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 the individual or to other persons.

IN REGARD TO NEWS MEDIA:

The Agency Executive Director shall be consulted in every event where the news media is requesting information and shall obtain written consent by the individual receiving services (or parent of a minor or a guardian) before disclosing any information, even if the individual is not to be identified in the media.

IN REGARD TO P.A. 218, AFC SMALL GROUP HOME LICENSING RULES  
REGARDING CONFIDENTIALITY:

The records of the residents of a licensed small group home which are required to be kept by the home under Public Act 218 or rules promulgated under this act shall be confidential and properly safeguarded. These materials shall be open only to the inspection of the director of the Licensing and Regulatory Affairs (LARA), an agent of the director of LARA, another executive department of the state pursuant to a contract between that department and the facility, as part to a contested case involving the facility, or on the order of a court or tribunal of competent jurisdiction. The records of a resident of a facility which are required to be kept by the facility under this Act or rules promulgated under this Act shall be open to inspection by the resident, unless medically contraindicated, or the guardian of the resident.

IN REGARD TO THE ELECTRONIC TRANSMISSION OF INFORMATION:

Information regarding individuals receiving services is not to be released to anyone via telephone lines or any other electronic means unless the information is released to persons properly authorized to have such information, and verifying the identity of the caller and the organization or agency from which the call is originating.

Any requests for information regarding individuals receiving services by any electronic means, including whether a person is an individual who receives services of the organization, are to be met with a polite no release of information.

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When information is to be transmitted via telephone lines regarding individuals receiving services (e.g., facsimile machines; “on-line” transmissions), all efforts are made to connect to the proper receiving device to ensure that the individual’s information is not transmitted to persons who are not authorized to receive the information.

Facsimiles are sent with a Fax Transmittal Cover Letter that contains information regarding the handling of confidential information if it is correctly or incorrectly transmitted.

**IN REGARD TO PEER REVIEW:**

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), are confidential, shall be used only for the purposes of peer review, are not public records and are not subject to court subpoena. This subsection does not prevent disclosure of individual case records pursuant to this section.

**IN REGARD TO INDIVIDUAL’S HIV/AIDS STATUS:**

Written reports regarding an individual’s HIV Antibodies Test, whether the results are positive or negative and/or an individual’s AIDS status are highly confidential. Written reports of this information from external sources may be included in the individual’s electronic health record with appropriate safeguards.

1. An individual’s HIV/AIDS status should not be referenced in written reports regarding the individual without the expressed written permission of the individual or their legal guardian.
2. Written information regarding an individual’s HIV/AIDS status is not to be kept in any other record or file except the individual’s electronic health record unless required by law, rule, or regulation.
3. To release information regarding an individual’s HIV/AIDS status (positive or negative) to another resource, the written MDHHS Universal Consent executed by the individual or their legal guardian must be specific regarding the release of HIV/AIDS status information.
4. Access to information regarding an individual’s HIV/AIDS status is extended only to those personnel in the organization who have a need to know this information, or to have access to the individual’s electronic health record in order to perform the functions of their positions.

**IN REGARD TO AN INDIVIDUAL’S APPOINTMENT AND BILLING INFORMATION:**

In addition to all clinical information and records about individuals being confidential, all non-clinical, client-specific information and documentation is also confidential. Such documentation includes, but is not limited to, any appointment schedule, billing forms, financial information and data, and computer screens.

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Any information and documentation regarding any and all individuals receiving services is to be treated in a manner that protects it at all times from the view or possession of any and all persons not authorized to have access to such information.

**•6•3 CLARIFICATIONS:**

**•6•4 CROSS-/REFERENCES:**

- A. Mental Health Code Sections 330.1748, 330.1749, 330.1750, and 330.1752
- B. Administrative Rules 7051
- C. [Abuse and Neglect – Policy 3805](#)
- D. [Consumer Records – Policy 5200](#)

**•6•5 FORMS AND EXHIBITS:**

- [Exhibit A – MDHHS Universal Consent](#)
- [Exhibit B – Copy of Section 330.1748 & 50 of Act 258, Public Acts of 1974.](#)

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**Administrative Approval of Procedure Per:**

[signed by Nena Sork]

**Dated:**

June 17, 2024

**•7 PROCEDURE:**

MDHHS Universal Consent

**•7.1 APPLICATION:**

All employees, all individuals receiving services

**•7.2 OUTLINE / NARRATIVE:**

Information concerning any individual receiving services' condition or treatment is permitted only with the prior knowledge and written consent of the individual or the individual's legal guardian. No information is to be released or to be requested from any source regarding an individual receiving services unless a MDHHS Universal Consent is properly executed for that purpose and the consent is included in the individual's chart. For the purpose of treatment, care coordination, or payment, information may be released or requested from the healthcare of behavioral health provider(s) regarding an individual receiving services without the benefit of a signed MDHHS Universal Consent. The individual receiving services will be requested to sign an MDHHS Universal Consent.

In instances where consultation with family members or significant other(s) is in the best interest of the individual receiving services, the individual's/legal guardian's written consent is required.

A MDHHS Universal Consent is required to send reports to referral sources. No report is sent without such a consent being signed by the individual receiving services or the individual's legal guardian. The consent is to be included in the individual's chart. For the purpose of care coordination, if the referral sources is a medical or behavior health provider, information may be shared without a signed consent; however, the individual receiving services will be requested to sign an MDHHS Universal Consent.

The Agency complies with the requirements of the Mental Health Code of the State of Michigan. According to the Mental Health Code, the organization cannot reserve the right to summarize or withhold certain confidential materials if it is considered to be in the individual's or others' best interest to do so. The Mental Health Code allows for the disclosure of protected health information under the Health Insurance Portability and Accountability Act only for the release of information for the purposes of treatment, care coordination, and payment.

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To ensure the confidentiality of the individual served's information is protected through informed consent and choice for the release and/or obtaining of information regarding individuals receiving services, the following steps are taken:

1. A clinical or clerical support staff member may prepare the MDHHS Universal Consent for obtaining or releasing information.
2. All sections on the form are to be completed.
3. The form is to be explained to the individual and/or their legal guardian and given to them to read.
4. The form must be signed and dated by the individual receiving services or their legal guardian if the individual is a minor or if the individual is unable to perform this task.
5. The signature of the individual receiving services and/or their legal guardian is to be witnessed.
6. If the purpose of the MDHHS Universal Consent is to obtain information, a photocopy of the consent is made and retained in the individual's chart prior to being sent to the source from whom information is being requested.
7. If the purpose of the MDHHS Universal Consent is to provide information to another resource, agency, organization, person, etc., the original consent is retained in the individual's chart.

A properly executed consent signed by the individual receiving services or the individual's legal guardian from another organization, agency, etc. will be honored.

A consent is not required for contacts with third-party payors, case managers, and central diagnostic and referral agencies for actions including, but not limited to, insurance verification, records auditing, and services authorization purposes.

A consent is not required in situations where there is a "duty to warn" regarding an individual's possible actions, in the event of a medical emergency or life-threatening situations related to the individual if obtaining such authorization would cause an excessive delay in delivering treatment to the individual, when an individual's condition or situation precludes the possibility of obtaining written authorization, in the event an individual receiving services is suspected of abusing or neglecting their children, in cases where the individual is suspected of elder neglect or abuse, or if the individual indicates the presence of a communicable disease which must be reported to the appropriate authorities.

A consent is not required for the transfer of an individual receiving services to another clinician in the same facility or organization, or in the case of an individual receiving services being seen by another clinician in the same facility or organization as part of the individual's treatment.

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•7•3 CLARIFICATIONS:

•7•4 CROSS-/REFERENCES:

•7•5 FORMS AND EXHIBITS:

[Exhibit A – MDHHS Universal Consent](#)



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**Administrative Approval of Procedure Per:**

*[signed by Nena Sork]*

**Dated:**

July 6, 2021

**•8 PROCEDURE:**

Response to Subpoenas

**•8•1 APPLICATION:**

All employees, all individuals receiving services

**•8•2 OUTLINE / NARRATIVE:**

All subpoenas and requests are responded to as follows:

1. The subpoena is date-stamped upon receipt.
2. If the subpoena is signed by an attorney or anyone other than a judge, ascertain that the subpoena is accompanied by a valid MDHHS Universal Consent signed by the individual receiving services or, if the individual is deceased, the personal representative of the deceased's estate or, if the individual is a minor or is incapacitated by the individual's parent or legal guardian. If there is no valid consent with the subpoena, the holder of the record shall contact the attorney and file an objection to the subpoena until the receipt of a signed consent. A letter is submitted to the attorney with a copy sent to the individual receiving services.
3. If the subpoena is signed by a judge, no consent is required and the holder of the record shall submit to the court the requested information.

**•8•3 CLARIFICATIONS:**

**•8•4 CROSS-/REFERENCES:**

**•8•5 FORMS AND EXHIBITS:**

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**  
**POLICY & PROCEDURE MANUAL**

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**Administrative Approval of Procedure Per:**

*[signed by Nena Sork]*

**Dated:**

April 8, 2024

**•9 PROCEDURE:**

Response to Referral Sources and Exchanging Information

**•9•1 APPLICATION:**

All employees, all individuals receiving services

**•9•2 OUTLINE / NARRATIVE:**

If a referral source refers an individual to the Agency, but the person referred does not contact the Agency or make an appointment and the referral source contacts the Agency regarding whether the person has made the appointment, the Agency may notify the referral source regarding the person not making an initial appointment. This is permitted because the person is not yet a registered individual receiving services of the Agency.

If a referred person makes contact or an appointment for an initial interview and then cancels the appointment, does not keep the appointment, does not reschedule the appointment, or does reschedule the appointment, the Agency may not notify the referral source regarding the individual not keeping the initial appointment. This is not permitted because the person is considered to be a registered individual of the Agency. In order to notify the referral source, a written consent must be executed by the person or their legal custodial parent or legal guardian. If the referral source is a medical or behavior health provider, coordination of care allows for the sharing of information without the benefit of a release. However, the registered individual will be requested to sign a release.

If an individual or their legal guardian signs a Request for Services which, in effect, indicates that the individual has requested and agreed to services, and has been seen face-to-face at the Agency, the individual is a registered individual served. In order to notify the referral source the individual has been seen, a written consent should be executed by the individual receiving services or their legal guardian. If the referral source is a medical or behavior health provider, coordination of care allows for the sharing of information without the benefit of a release. However, the registered individual will be requested to sign a release.

**•9•3 CLARIFICATIONS:**

**•9•4 CROSS-/REFERENCES:**

**•9•5 FORMS AND EXHIBITS:**

[Exhibit A – MDHHS Universal Consent](#)

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY  
POLICY & PROCEDURE MANUAL**

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**Administrative Approval of Procedure Per:**

*[signed by Nena Sork]*

**Dated:**

April 8, 2024

**•10 PROCEDURE:**

Security of Confidential Information

**•10•1 APPLICATION:**

All employees, all individuals receiving services

**•10•2 OUTLINE / NARRATIVE:**

Individual electronic health records (HER) are legal, confidential documents. Therefore, they must be safeguarded at all times, including when they are in the possession of the organization, authorized records reviewers and/or clinicians who use individual records charts as part of their providing services to individuals and documenting those services.

To ensure that all individuals' EHRs are accounted for, the following responsibilities are delineated:

1. EHRs are available only to staff who have a need to access the chart because of services provided to or on behalf of individuals of services and/or their families, and for supervisory and administrative purposes. Those persons who have access to an individual's EHR include those persons involved in providing:
  - Treatment to the individual,
  - Operations support regarding the individual such as, but not limited to, scheduling, filing, billing, and follow-up;
  - Case review;
  - External and internal chart audits; and
  - Quality Improvement, Utilization review, and the Office of Recipient Rights during the course of an investigation.
2. Staff who are directly involved with the care of individuals, or those who must access individual records as part of their work, may have access to those records for those purposes.

Violation of any procedure is to be recorded on an Incident Report that is to be forwarded to the staff person's supervisor, and the Recipient Rights Officer for review, recording, and, action, as necessary.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**  
**POLICY & PROCEDURE MANUAL**

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**SAFEGUARDING COMPUTERIZED INFORMATION FROM DISASTERS:**

To safeguard clinical and financial information regarding individuals receiving services, and administrative and operations data and information, the Agency performs systematic back-up of computerized data.

Data which has been backed-up is retained in the administrative offices of the Agency in a media safe as well as off-site. This procedure provides for minimum loss of data in the event of a disaster.

**COMPUTER PASSWORDS:**

Passwords are required for entering any computer at the Agency. Such passwords are given to staff on a “need to access” basis. Assigned passwords permit staff members to only access areas on the computer system that are relevant to their work.

Passwords are confidential. Staff members are cautioned not to reveal their passwords to anyone and are changed on a regular basis.

**•10•3 CLARIFICATIONS:**

**•10•4 CROSS-/REFERENCES:**

[Network Usage – Policy 3600](#)

**•10•5 FORMS AND EXHIBITS:**

**Administrative Approval of Procedure:**

*[signed by Nena Sork]*

**Dated:**

June 17, 2024

**•11 PROCEDURE:**

Social Media

**•11•1 APPLICATION:**

All employees

**•11•2 OUTLINE / NARRATIVE:**

With this procedure, we acknowledge that the use of social media in health care, and especially mental health care, involves information, that once posted to the internet, is no longer under our control and is accessible overtly, or covertly, by anyone who has access to the internet. This information has the potential to be stored somewhere in cyberspace indefinitely. This policy protects both the Agency and individuals serviced from harm and unknown liabilities, now and into the unforeseen future. The Agency must protect against the danger that confidentiality of individuals serviced can be easily breached via social media.

No employee may post information in any form, including pictures, about individuals serviced using social media such as, but not limited to, Facebook, Twitter, blogs/vlogs, etc. This prohibition applies to any individual the employee knows to be using services of the organization. Further, employees will not seek authorizations for release of information for the purpose of participation in social media.

Staff receiving invitations from individuals receiving services to participate with them on social media (friend requests, follow requests, etc.) will respectfully decline if they have a working relationship with the individual, explaining the Agency prohibits it for the protection of the individual's confidentiality.

**•11•3 CLARIFICATIONS:**

**•11•4 CROSS-/REFERENCES:**

**•11•5 FORMS AND EXHIBITS:**