

NOTIFICATION OF RECIPIENT RIGHTS

On _____, I have received a copy of "**Your Rights**," the booklet which serves as a summary of the rights of mental health services as guaranteed under Chapter 7 of the Michigan Mental Health Code.

I also received a copy of "Know Your Rights" brochure which serves as a summary of the rights of substance abuse services as guaranteed by the Licensing and Regulatory Affairs.

The procedure for filing a Recipient Rights complaint was explained, and I have also been notified of which persons to contact if I have questions about my rights, or to report violations of my rights.

Client Signature

Date

Parent/Guardian Signature

Date

Please print name

Please print name

.....
(THIS SECTION FOR STAFF USE ONLY)

1. The recipient (or parent/guardian on behalf of the recipient) appeared to understand his/her rights. ☐

Staff Name (with title)

Date of Rights Notification

2. The recipient (or parent/guardian on behalf of the recipient) did not appear to understand his/her rights. ☐

3. The recipient or parent/guardian refused to sign. ☐

4. Parent/guardian not present to sign for the recipient. ☐

5. Rights information not offered due to extenuating circumstances as described below. ☐

If one or more boxes is checked for items 2, 3, 4, and 5 above, please explain each below. Use back of this form if more space is needed.

Staff Name (with title)

Date

Section 1

Last revised: 11 30 2018

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Client Name: _____
DOB: _____
Staff Name: _____
Case Number: _____