



**MCLAREN NORTHERN MICHIGAN
RECORD OF VERBAL EXPLANATION OF STATEMENT OF RIGHTS**

I acknowledge I have received a copy of the booklet "Your Rights as a Recipient of Mental Health Services." A staff person from McLaren Northern Region provided an oral explanation of my rights including how to submit a complaint in writing or by telephone.

Patient Signature Date Time

Guardian/DPOA (if applicable) Date Time

(If unsigned) I attest that the patient was unable or unwilling to sign this document. I have presented the "Your Rights" booklet to the patient and provided an oral explanation of the person's rights as a recipient or services.

Signature of staff person providing rights information Date Time



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