

McLaren Print System Order

Order No: 83455
Order Date: 2024-02-27
User: Brooke Pearson
Phone: 2316271370

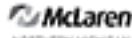
Ship Location: McLaren Cheboygan- BHU Attn: Brooke Pearson
748 South Main St
Cheboygan, Mi 49721

Forms

Quantity: 100
Paragon Dept No: 30462
Dept Name: BHU
Company Number: 410

Order Total Price: 3.60

Item Number: MHCC-660-MNM
Item Description: Patient Confidentiality Consent
Revision Date: 05/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: 2 Hole Top
Poster:
Misc Info:



NORTHERN MICHIGAN
BEHAVIORAL HEALTH
PATIENT CONFIDENTIALITY CONSENT

I understand that information relating to my presence at McLaren-Northern Michigan Region, Behavioral Health Unit will not be made known to anyone not authorized by the Mental Health Code (MCLA 326.1748) without my permission.

Relatives, friends and others often call to ask about patients while they are in the hospital. I authorize the staff to acknowledge my presence in the Behavioral Health Unit to the persons who may call:

I also recognize that many times it is important for family members and/or significant others to become involved with treatment issues and/or concerns. I authorize the Behavioral Health Unit staff to provide to and receive from my family or significant other information to facilitate treatment while I am a mental health recipient.

I am willing to have visitors while a patient in the Behavioral Health Unit with the exception of the following persons:

Person(s) I wish to be notified in an emergency or significant change in status are:

MEDICAID OR MEDICAID ELIGIBLE INPATIENTS:
I understand that my local Community Mental Health Agency will be notified of my admission in order to comply with mandated Medicaid reporting requirements.

RESIDENT OR VISITOR	CARE SOURCE	EDUCATOR OR EMPLOYEE	DATE ISSUED

Spec Info:



MHCC-660-MNM-1100

7208

BEHAVIORAL HEALTH
PATIENT CONFIDENTIALITY CONSENT