

McLaren Print System Order

Order No: 84400  
Order Date: 2024-04-09  
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.

Signature of Patient	Date Signed	Signature of Witness	Date Signed

Spec Info:



MHCC-660-MNM-1100

7208

BEHAVIORAL HEALTH  
PATIENT CONFIDENTIALITY CONSENT