

AGENDA

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS RECIPIENT RIGHTS ADVISORY & APPEALS COMMITTEE MEETING

Monday, April 6, 2026 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

Committee Members:	Present	Excused	Absent	Committee Members	Present	Excused	Absent	Others Present: BABH: Jackie Kish, Chris Pinter, and Sara McRae
Patrick McFarland, Ex Off, Ch	_____	_____	_____	Carole O'Brien	_____	_____	_____	Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained
Sally Mrozinski, V Ch	_____	_____	_____	Justin Peters	_____	_____	_____	
Robert Bowers	_____	_____	_____	Laurie Van Wert	_____	_____	_____	
Richard Byrne	_____	_____	_____	Robert Pawlak, Ex Off	_____	_____	_____	
Kathy Niemiec	_____	_____	_____					

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 5 Minutes)		
3.	Unfinished Business 3.1) None		
4.	New Business 4.1) Executive Summary of Complaints through March of 2026 4.2) Policy Training: Confidentiality and Disclosure, 03-03-02 4.3) Upcoming Site Reviews 4.4) Recent Recipient Rights Site Reviews Summary 4.5) Michigan Department of Health and Human Services (MDHHS) Office of Recipient Rights (ORR) Triennial Assessment Update		4.1) No action necessary 4.2) No action necessary 4.3) No action necessary 4.4) No action necessary 4.5) No action necessary

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BAY ARENAC BEHAVIORAL HEALTH

BOARD OF DIRECTORS

RECIPIENT RIGHTS ADVISORY & APPEALS COMMITTEE

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Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

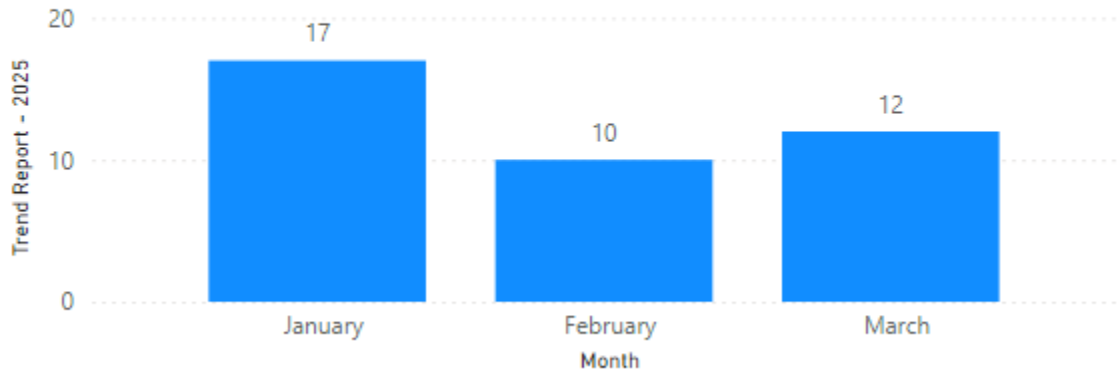
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4.6) Virtual MDHHS Advisory & Appeals Committee Training Reminder 4.7) Schedule Mock Appeal Training 4.8) 2026 Accessibility Plan		4.6) No action necessary 4.7) No action necessary 4.8) No action necessary
5. Adjournment	M -	S - pm MA

Recipient Rights Advisory Committee, April 2026 Executive Summary

Overall Summary of the Office of Recipient Rights (ORR) Complaints:

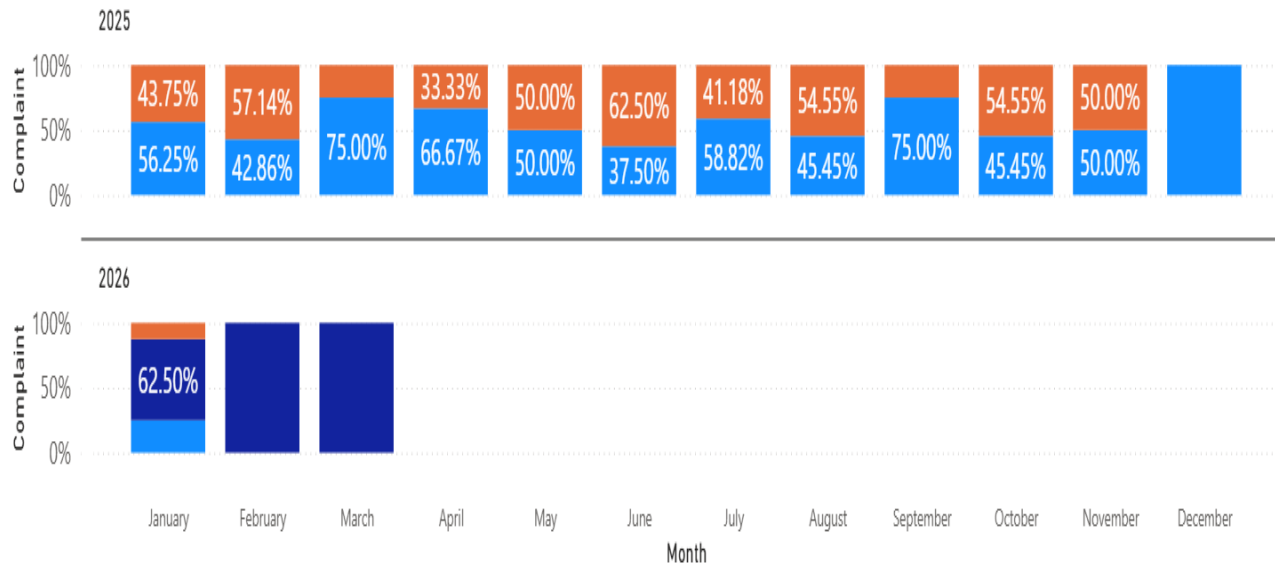
of Complaints



Substantiation Rate



Substantiated - Provider ■ Not Substantiated ■ Pending ■ Substantiated



Substantiated - Provider	January	February	March	Total
<input type="checkbox"/> Pending	10	10	9	29
Possession and Use of Personal Property			1	1
No Right Involved			1	1
Neglect Class III	1	3		4
Neglect Class II		1	1	2
Neglect Class I	2			2
Mental Health Services Suited to Condition	1	5	3	9
Fingerprints Photographs Recordings	1			1
Dignity and Respect	1	1	3	5
Abuse Class III	1	1		2
Abuse Class II Unreasonable Force	3			3
Total	10	10	9	29

The above graph illustrates the number of pending complaints at the time of this report. This does not include the any cases that was determined to be a No Right Involved/Out of Jurisdiction.

Average Days to Resolve ORR Complaints



The BABHA ORR's goal is to complete RR complaint investigations within 60 days from receipt of the complaint. Moving forward the RRAC will be kept abreast of the average days to resolve complaints per quarter as we attempt to achieve our goal.

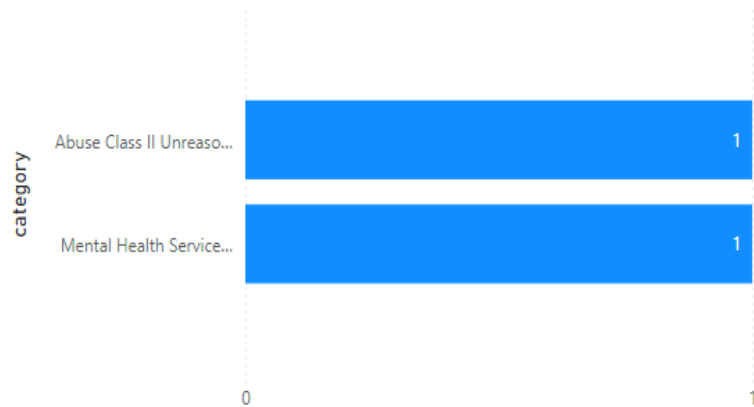
****Note that the graph does not include pending cases currently still under investigation.***

Source of Complaints for January:

FY26 Allegations

CMSHP Network Staff	5
Recipients	7
ORR	0
Guardian/Family	0
Anonymous	0
Other Agency/Community	0

Trend Report by Allegation - Substantiated



Fiscal Year Comparison of Complaints from 2022-2026:

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY26	11	6	7	17	10	12						
FY25	21	8	11	16	7	8	17	12	11	16	13	20
FY24	18	11	11	13	13	12	16	19	16	15	18	13
FY23	17	23	9	24	19	16	11	13	17	18	14	8
FY22	12	7	7	8	8	10	9	16	8	16	16	16
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY26 % Sub	54.5%	50%	0%	12.5%	-%	-%	%	%	%	%	%	%

- FY22 the ORR received 133 complaints.
- FY23 the ORR received 190 complaints.
- FY24 the ORR received 177 complaints.
- FY25 the ORR received 158 complaints.
- FY26 the ORR has received 61 complaints

Report of Remedial Action for Substantiated Complaints:

Complaint ID	Rcv Date	Inv. Report Sent Date	Allegation Type	Remedial Action 1	Remedial Action 2	Remedial Action 3	Remedial Action 4
1915	1/16/26	3/24/26	Mental Health Services Suited to Condition	Employee left, but substantiated			
1908	1/5/2026	3/5/26	Abuse Class II Unreasonable Force	Employment Termination			

The matrix displays the substantiated complaints with the date that each complaint was received, resolved, and the date the Summary Report was issued. It is important to note that all complaints were resolved within the 90-calendar day requirement established by the Michigan Mental Health Code. The Mental Health Code dictates that the Responsible Mental Health Agency (RMHA) takes remedial action to correct and prevent reoccurrence of substantiated Recipient Rights Complaints. In addition, if the violation of Abuse or Neglect is substantiated then the RMHA must take fair disciplinary action as well. The matrix above lists the substantiated complaint allegation type and all of the remedial action utilized by the RMHA. The Office of Recipient Rights can only call for disciplinary action as required in the Mental Health Code. The Office cannot dictate the level of disciplinary action as the RMHA determines this action.

Additional Activities by the Office of Recipient Rights:

Training by Recipient Rights Office for Staff (previous month):

Number of Training Sessions	Number of People Attending	Number of Hours
2	34	7

Training by Recipient Rights Officer for Consumers previous month:

Number of Training Sessions	Number of People Attending	Number of Hours
0	0	0

Training received by the Recipient Rights Office:

None

Completed Site Visits:

3/5/26 Arenac Opportunities, BABH-Arenac Center and North Bay

3/6/26 BABH-Horizon Home, Madison and Mulholland

3/19/26 Flatrock Manor -Burton, East St Home, and Creekbend

3/20/26 Flatrock Manor-Fenton South and Woodlawn

3/20/26 Mid MI Specialized Residential

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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that 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 shall not be open to public inspection. The information may be disclosed only in the circumstances and under the conditions set forth in P.A. 258 of 1974, as amended.

Further, it is the policy of the Board that disclosure of information will only take place when an approved disclosure document authorizing such is signed by the recipient, guardian or parent of a minor, and only when disclosure is germane to the treatment of the recipient, and when disclosure is in compliance with the Mental Health Code and in compliance with other provisions of applicable law, including as necessary for the treatment, coordination of care, or payment for the delivery of mental health services in accordance with HIPAA (1996). Section 748(4) states: For case record entries made subsequent to March 28, 1996, information made confidential shall be disclosed to an adult recipient, upon the recipient’s request, if the recipient does not have a guardian and has not been adjudicated legally incompetent. The holder of the record shall comply with the adult recipient’s request for disclosure as expeditiously as possible but in no event later than the earlier of 30 days after receipt of the request or, if the recipient is receiving treatment from the holder of the record, before the recipient is released from treatment.

Unless section 748(4) of the act applies to the request for information, it is the policy of the Board that within three (3) business days of a request by the recipient for disclosure of a clinical record, the Chief Executive Officer shall make a determination of detriment. If the record of the recipient is located at another location, the Chief Executive Officer shall make a determination of detriment within ten (10) business days from the date of the request. Any decision by the Chief Executive Officer to delay the release must be executed and transmitted to the recipient in writing.

Purpose

This policy and procedure is established to ensure that the information in a recipient’s record is kept confidential.

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Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- BABHA's (Affiliates): Policy Only Policy and Procedure
- Other

Definitions

N/A

Procedure

I. Standards

A. Confidentiality

1. Except as otherwise provided in Sec. 748 (4), confidential information may be disclosed to provider of mental health services to the recipient or to any individual or agency if consent has been obtained from:
 - a. Recipient
 - b. Recipient's guardian with authority to consent
 - c. Parent with legal custody of a minor recipient
 - d. Court approved personal representative or executor of the estate of a deceased recipient.
2. Internal access to confidential information shall be limited to those staff that have a need to know that specific information to perform their assigned job duties. Access shall ordinarily be limited to staff providing services to the recipient, or staff performing approved peer review, professional consultation,

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investigation, supervision, or clinical records functions. No consent is required for internal access by authorized staff.

3. A summary of Section 330.1748 of PA 258 of the Michigan Mental Health Code (MMHC) will be made part of each recipient's file.

B. Disclosure - General Information

1. All disclosures shall be consistent with sections 748 and 750 of the MMHC and with Agency standards.
2. Requests for confidential information shall be directed to clinical records staff, in residential programs that maintain clinical records, for processing and documentation.
3. A request for information about a staff that has applied for, or is receiving, services shall be and led in accordance with section 748 and Agency standards. Information may be shared as necessary for the 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.
4. If information made confidential by this section is disclosed, the identity of the individual to whom it pertains will be protected and will not be disclosed unless it is germane to the authorized purpose for which disclosure was sought. When practicable, no other information will be disclosed unless it is germane to the authorized purpose for which disclosure was sought.

C. Disclosures - Mandatory

1. When requested, confidential information shall be disclosed only under one or more of the following circumstances:
 - a. Pursuant to valid orders or subpoenas of a court of record, or subpoena of the legislature, unless the information is made privileged by law
 - b. To a prosecuting attorney as necessary to the prosecuting attorney to participate in a proceeding governed by the MMHC if it is either:
 - Non-privileged information or:
 - Privileged information disclosed pursuant to section 750(2), including:
 - a. Names of witnesses to acts which support the criteria for involuntary admission

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- b. Information relevant to alternatives to admission to a hospital or facility
- c. Other information designated in the Agency's policies.
- c. To an attorney for the recipient, with the consent of the recipient, the recipient's guardian with authority to consent, or the parent with legal and physical custody of a minor recipient
- d. To the Michigan Department of Health and Human Services if the information is necessary in order for the Department to discharge a responsibility placed upon it by law
- e. To the Office of the Auditor General if the information is necessary for that office to discharge its constitutional responsibility
- f. To a surviving spouse, or if none, closest relative of the recipient in order to apply for and receive benefits only if spouse or closest relative has been designated the personal representative or has a court order.
- g. To an adult recipient if all of the following apply:
 - i. A request has been received from the recipient
 - ii. The recipient does not have a guardian and has not been adjudicated legally incompetent
 - iii. The case entry was made after March 28, 1996. For these records release will be done as expeditiously as possible but in no event later than the earlier of 30 days of the request or prior to release of treatment.
- h. When necessary to comply with another division of law.

2. Upon written notice of an investigation of child abuse or neglect and a written request from Child Protective Services, the mental health professional will review all mental health records and information requested in the mental health professional's possession to determine if there are mental health records or information that is pertinent to their investigation. Within 14 days after receipt of a request made under this subsection, the mental health professional will release those pertinent mental health records and information to the caseworker or administrator directly involved in the child abuse or neglect investigation.

The holder of the records shall not deny or delay releasing information which is:

- a. A mandatory disclosure listed above.
- b. A request from the recipient's attorney even if the legally empowered guardian or the parent of a minor recipient has requested a delay

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- c. A case record entry made after March 28, 1996, that is being disclosed to an adult recipient, upon the recipient’s request, if the recipient does not have a guardian and has not been adjudicated legally incompetent.

D. Disclosures - Discretionary

1. If informed consent is obtained from the recipient, the recipient’s guardian with authority to consent, the parent with legal custody of a minor recipient, or the court-appointed personal representative or executor of the estate of a deceased recipient, confidential information may be disclosed to all of the following:
 - Providers of mental health services to the recipient:
 - The recipient of his or her guardian or the parent of a minor recipient or any other individual or agency unless in the written judgment of the holder the disclosure would be detrimental to the recipient or others.
2. To enhance treatment, recipients may be requested to authorize disclosure of information to family members, significant others, or other agencies providing services to the recipient. Such consent is voluntary.
3. To encourage opportunities for positive community integration, recipients in residential or day treatment programs may be requested to authorize disclosure of generic information. Such consent is voluntary, and all such disclosures shall respect the privacy and dignity of the recipient.
4. When information is disclosed for clinical purposes and with appropriate consent, the holder of the record shall release a copy of the entire medical and clinical record to the provider of mental health services.
5. Information may be disclosed in the discretion of the holder of the record without recipient consent:
 - a. As necessary in order for the recipient to apply for or receive benefits without the consent of the recipient or legally authorized representative only if the benefits shall accrue to the provider or shall be subject to collection for liability for mental health service
 - b. As necessary for the purpose of outside research, evaluation, accreditation, or statistical compilation, provided that the individual who is the subject of the information can be identified only if such identification is essential in order to achieve the purpose for which the information was sought or if preventing such identification would

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clearly be impractical, but in no event if the subject of the information is likely to be harmed by the identification

- c. To providers of mental or other health services or a public agency, if there is a compelling need for disclosure based upon a substantial probability of harm to the recipient or other individuals.

E. Disclosures - Delays

1. If a request for a discretionary disclosure is delayed, the director of the provider shall review the request and make a determination within 3 business days if the record is on site or 10 business days if the record is off site if the disclosure would be detrimental to the recipient or others. The Director will provide written notification of the determination and justification for the determination to the person who requested the information. 8
2. Unless Sec. 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 supervisor declines to make a discretionary disclosure because of possible detriment to the recipient or others, there shall be a determination whether part of the information can be released without detriment. A determination of detriment shall not be made if the benefit of the disclosure to the recipient outweighs the detriment. The person seeking disclosure, a recipient, a legally empowered guardian, or a parent of a minor who consents to disclosure may file a complaint with the Office of Recipient Rights.
3. If a recipient, guardian, or parent of a minor recipient is not satisfied with the determination, an appeal may be filed with the Recipient Rights Office having jurisdiction.

F. Disclosures - Protection and Advocacy

An identified representative of Disability Rights Michigan shall be granted access to recipient's records in accordance with Public Law 94-103, 89 Stat. 486, Public Law 99-319, 100 S Act 258 of the Public Acts of 1974, as amended. This includes:

1. A recipient, if not the recipient, the recipient's guardian with authority to consent, or a minor recipient's parent with legal and physical custody of the recipient has consented to the access
2. A recipient, including a recipient who has died or whose whereabouts are unknown, if all of the following apply:

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- a. Because of mental or physical condition, the recipient is unable to consent to the access
- b. The recipient does not have a guardian or other legal representative, or the recipient’s guardian is the state
- c. Disability Rights Michigan has received a complaint on behalf of the recipient or has probable cause to believe based on monitoring or other evidence that the recipient has been subject to abuse or neglect
- d. If Disability Rights Michigan receives a complaint or has probable cause to suspect abuse, the following conditions must be met before Disability Rights Michigan may have access to records:
 1. Request must be put in writing
 2. BABHA must make a determination, if in their professional judgment; it is reasonable to believe that the recipient is/has been subjected to abuse or neglect.
 3. BABHA must limit the disclosure to the relevant information expressly authorized by statute or regulation.
 4. BABHA must maintain documentation of all disclosures.
3. A recipient who has a guardian or other legal guardian if all of the following apply:
 - a. A complaint has been received by Disability Rights Michigan or there is probable cause to believe the health or safety of the recipient is in serious and immediate jeopardy
 - b. Upon receipt of the name and address of the recipient’s legal representative, Disability Rights Michigan has contacted the representative and offered assistance in resolving the situation
 - c. The representative has failed or refused to act on behalf of the recipient.

G. Disclosures – Adult or Child Protective Services

1. Staff shall report suspected abuse or neglect to the MDHHS Adult or Child Protective Services in accordance with Act 238 of the Public Acts of 1975 and Act 519 of the Public Acts of 1982.
2. An identified representative from the DHS Protective Services shall be granted access to the clinical record of a person who is suspected of being abused, if it is necessary to carry out that agency’s investigation, regardless of the origin of the reported violation.

H. Peer Review

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The records, data, and knowledge collected for or by the individuals or committees assigned a peer review function under section 143a (1) of the MMHC are confidential and shall be used only for peer review, are not public records, and are not subject to court subpoena.

I. Statement Correction or Amending Information

A recipient, guardian or parent of a minor recipient, after having gained access to treatment records in accordance with Agency procedures, may challenge the accuracy, completeness, timeliness, or relevance of factual information in the recipient's record and shall be allowed to insert a statement into the record correcting or amending the information at issue without changing the original documentation. That statement shall become part of the record.

J. Providing Information to Attorneys, other than Prosecuting Attorneys

1. An attorney who is retained or appointed by a court to represent a recipient and who presents identification and a valid consent or release executed by the recipient, by a legally empowered guardian, or by the parents of a minor shall be permitted to review, at the Agency, the recipient's record. An attorney who has been retained or appointed to represent a minor pursuant to an objection of hospitalization of a minor shall be allowed to review the minor's record
2. If there is not a valid consent or release, an attorney who does not represent a recipient shall not be allowed to review records, unless the attorney presents a certified copy of a court order directing disclosure of information concerning the recipient to the attorney
3. An attorney shall be refused written or telephoned requests for information unless the request is accompanied or preceded by a certified copy of an order from a court ordering disclosure of information to that attorney or unless a valid consent or release has been appropriately executed. The attorney shall be advised of the procedures for reviewing and obtaining copies of recipient records.

K. Providing Information to Private Physicians or Psychologists Appointed or Retained to Testify in Civil, Criminal, or Administrative Proceedings

1. Information shall be provided to private physicians or psychologists appointed by the court or retained to testify in civil, criminal, or administrative proceedings as follows:
 - a. They shall be notified before their review when records contain privileged communication, which cannot be disclosed in court, unless disclosure is

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permitted because of an express waiver of privilege or by law, which permits or requires disclosure.

2. The court or other entity that issues a subpoena or order and the attorney general's office, when involved, shall be informed if subpoenaed or ordered information is privileged under a provision of law. Privileged information shall not be disclosed unless disclosure is permitted because of an express waiver of privilege or because of other conditions, which, by law, permit or require disclosure.

L. Providing Information to a Prosecuting Attorney

A prosecutor may be given nonprivileged information or privileged information, which may be disclosed pursuant to section 750 or the MMHC if it contains:

1. Information relating to the names of witnesses to acts which support the criteria for involuntary admission
2. Information relevant to alternatives to admission to a hospital or facility
3. Other information designated in the Agency's policies.

M. Authorizing Release of Information for Clinical Purposes

When authorized to release information for clinical purposes by the individual or the individual's guardian or parent of a minor, BABHA will release a copy of the entire medical and clinical record to the provider of mental health services.

N. Inserting Recipient Statement

A recipient, guardian, or parent of a minor recipient, after having gained access to treatment records, may challenge the accuracy, completeness, timeliness, or relevance of factual information in the recipient's record.

1. The recipient or other empowered representative will be allowed to insert into the record a statement corrected or amending the information at issue.
2. The statement will become part of the record.

O. Recording

A record of disclosures shall be kept including:

1. Information released
2. To whom it is released.
3. Purpose stated by person requesting the information.
4. Statement indicating how disclosed information is germane to the stated purpose.
5. The part of law under which disclosure is made.

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Section: 3	Rights of Consumers		
Topic: 2	Confidentiality and Disclosure		
Page: 10 of 11	Supersedes Date: Pol:10-16-03, 8-15-03, 9-20-01, 7-15-99 Proc: 6-13-18, 6-15-09 3-02 9-20-01, 7-28-98	Approval Date: Pol: 8-16-18 Proc: 2-9-26	_____ <i>Board Chairperson Signature</i> _____ <i>Chief Executive Officer Signature</i>
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6. Statement that the persons receiving the disclosed information could only further disclose consistent with the authorized purpose for which it was released.

Attachments

N/A

Related Forms

N/A

Related Materials

N/A

References/Legal Authority

Michigan Department of Community Health-Administrative Rules *Revised Edition 2002*(AR 7051)
 Michigan Mental Health Code 330.1748, 330.1748a and 330.1750
 HIPAA 45 CFR

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
Vicki Atkinson	Linda Maze	6/15/09	Changes	Grammatical changes made

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

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		12/31/12	No changes	Triennial Review-No changes
Melissa Prusi	Christopher Pinter	6/27/16	Revision	Triennial Review-minor changes to reflect state agency name changes.
Melissa Prusi	Christopher Pinter	6/13/18	Revision	Added language to Policy and procedure about disclosing information.
Melissa Prusi	Christopher Pinter	06/29/2019	Revision	Triennial and annual review – no changes
Melissa Prusi	Christopher Pinter	11/05/2020	Revision	Annual Review – Changed MPAS to DRM
Melissa Prusi	Christopher Pinter	06/23/2021	No changes	Triennial Review
Melissa Prusi	Christopher Pinter	12/19/2024	Revision	Triennial Review – 2024 MDHH Standards-under section F added the name Disability Rights Michigan to replace Michigan Protection and Advocacy
Jackie Kish	Christopher Pinter	2/9/26	Revision	MDHHS 2025 standards update.

April, May and June 2026

Site Reviews:

April 21, 2026

Closer to Home- Virtual

April 23, 2026

AuGres Care Center- AuGres

Grove Home- Standish

Almont Home- Standish

April 24, 2026

Orchard Bay- Standish

Elm Home- Standish

Willow Home- Pinconning

May 1, 2026

GLRC/Superior Care-Teams Meeting

New Dimensions-Essexville

Fitzhugh House-Bay City

May 5, 2026

Hope Network-Harbor House-Bay City

Hope Network-Bay House-Bay City

May 7, 2026

BHS-Bangor House-Bay City

BHS-Brookwood Home-Bay City

BHS-Jean Rd Home-Bay City

May 8, 2026

BHS-Kasemeyer Home-Bay City

BHS-Mason Home-Bay City

BHS-Georgetown-Bay City

May 15, 2026

Beacon-The Lodge- Virtual Teams meeting

Beacon-Ypsilanti- Virtual Teams meeting

VRSI-Rose Home-Auburn

June 2, 2026

APS Employment Services-Saginaw

June 4, 2026

MCSI-Huntington SIP, SIAP-Essexville

MCSI-Madison SIP-Bay City

MCSI-Midland Manor-Bay City

June 10, 2026

MCSI-Knight Rd Home-Essexville

MCSI-Nebobish Home-Essexville

MCSI-Parker Home-Essexville

June 12, 2026

MCSI-Beechwood Home-Bay City

MCSI-Candlestick-Bay City

MCSI-Fisher Home-Bay City

Flatrock Manor Residential Facilities:

Burton-This is a large residential facility converted from a former nursing home and is divided into separate male and female wings. Staff were welcoming and responsive, and residents appeared engaged and interactive. Furnishings were minimal but sufficient to meet residents' needs. The overall environment had a somewhat sterile feel, with primarily commercial-grade furniture throughout. All required documentation was current and readily available. Due to the high level of acuity among residents, many areas of the facility were secured with locked doors and restricted access.

East Street Home-The East Street Home is a two-story, brick, Tudor-style residence located in a residential neighborhood. The home has significant character, featuring ornate woodwork and unique architectural. Due to the smaller size of the facility, each individual has a private bedroom. Although the structure is older and somewhat dated, it was clean, well-maintained, and orderly, with no concerns noted during the visit. All required paperwork and postings were available and updated

Creekbend- Creekbend is a newer, two-story brick home located in an upscale neighborhood with newer construction. The home features large, spacious rooms with higher-end appliances, kitchen finishes, and flooring throughout. The exterior included well-maintained landscaping and a manicured yard. An in-ground pool was present but is scheduled to be filled in due to licensing and liability considerations. All required documentation and postings were readily available and made current at the time of the visit.

Fenton South-Fenton South is a single-story facility converted from an older office-style building. The facility has an older, somewhat run-down appearance; however, no health or safety concerns were identified during the visit. Furnishings were minimal and limited to what was necessary for residents. All required paperwork and postings were available and made up to date.

Woodlawn South-Woodlawn South is a two-story, older home located in a well-established neighborhood. The home has a distinctive, castle-like feel with ornate woodwork, decorative elements, and patterned wallpaper throughout. Furnishings and décor were minimal beyond the character of the structure itself. Bedrooms were individualized and included some personal touches. All required documentation and postings were made current and readily available.

Mid-Michigan Specialized Residential-Located in Burton, this ranch-style home is large, spacious, and of somewhat newer construction, situated within an older established neighborhood. The home appeared to be purpose-built to support a semi-independent living environment. Bedrooms were individualized but contained only essential furnishings. No health or safety concerns were noted during the visit. All required paperwork and postings were available and made current.

Bay-Arenac Behavioral Health Authority Successfully Completes the 2026 Recipient Rights Program On-site Review

On behalf of the Strategic Leadership Team:

The Bay-Arenac Behavioral Health Authority (BABHA) triennial Recipient Rights Review by the Michigan Department of Health and Human Services (MDHHS) was completed last week on March 24-26. This review is required by state law and evaluates the effectiveness of our recipient rights protection program in meeting its obligations under the Michigan Mental Health Code. It is also a cornerstone of the state certification process that is necessary for BABHA to operate as a community mental health services program for Arenac and Bay Counties.

We are very pleased to report that BABHA is in **substantial compliance** with applicable state standards indicating a very strong recipient rights program. The MDHHS staff were very complementary of our Rights Officer, Jackie Kish, our Rights Advisory Chairperson Pat McFarland, and the members of the BABHA Recipient Rights Advisory Committee. It was very clear to the MDHHS staff that this organization takes its rights protection system seriously for the health and safety of the persons and families we are privileged to serve.

We will be receiving a full report from MDHHS in a few weeks identifying some areas for performance improvement but, overall, the review was extremely positive.

Special thanks is due to Jackie for having a good review only 8 months into her first year as Recipient Rights Officer, Melissa Prusi for establishing a solid program foundation, and to all the Recipient Rights/Customer Services staff that worked diligently to make this a successful process. It was truly a team effort.

Posted: April 1, 2026

Sara McRae

Subject: FW: Upcoming Advisory & Appeals Committee Trainings – January 14. Presented on Teams.

From: Sobolewski, Beverly K. (DHHS) <sobolewskib@michigan.gov>

Sent: Monday, December 22, 2025 4:50:22 PM

To: Wilson, Edward (DHHS) <WilsonE21@michigan.gov>; Leto, Tammi (DHHS) <LetoT2@michigan.gov>

Cc: Ryan, Veronica (DHHS) <RyanV1@michigan.gov>

Subject: Upcoming Advisory & Appeals Committee Trainings – January 14. Presented on Teams.

WARNING: This message has originated from an **External Source**, please use caution when opening attachments or clicking links.

MDHHS-ORR is pleased to announce the upcoming virtual **Advisory Committee** and **Appeals Committee** trainings scheduled for **January 14, 2026**. If your committee has new members or needs a refresher regarding the responsibilities and workings of either of these committees, this training meets those needs.

Future trainings are scheduled for April 8, July 8 and October 7, 2026. These are the only dates that advisory and appeals committee training is scheduled for FY26.

Please find the details below:

Training Schedule:

- **Advisory Committee Training**
 - 🕒 **Start Time:** 9:00 AM
 - 🕒 **Duration:** 1.5 hours
- **Appeals Committee Training**
 - 🕒 **Start Time:** 10:30 AM
 - 🕒 **Duration:** 1.5 hours

In order to prepare for the sessions, we request that you send your name and agency name to MDHHS-ORR-Training@michigan.gov. In your e-mail, please specify if you are attending the advisory committee session or the appeals committee session or both.

In the new year, you will receive an invitation to the session(s) and a handout for each. MDHHS-ORR will not be issuing a certificate of completion.

If you have questions, please contact Beverly Sobolewski - sobolewskib@michigan.gov or Tammy Leto - LetoT2@michigan.gov



Rights Specialist, Education
Michigan Department of Health and Human Services
Office of Recipient Rights
MDHHS Recipient Rights,
5th floor