St. Clair County Community Mental Health Authority

Acknowledgement of Receipt of "Know Your Rights" Booklet

Individual's name: _____ Case #: _____ Date: _____

Primary Case Holder: _____

To be completed by Consumer/Guardian at the time of enrollment into a Waiver Program and Annually CW, HSW, SEDW

I, _____, have been provided with "Your Rights When Receiving Mental Health Services in Michigan" brochure and have reviewed it.

I understand my Right to Freedom from Abuse and Neglect and understand how to report abuse/neglect/ exploitation and other critical incidents.

☐ Yes ☐ No

If no, I have contacted my casemanager and have had this explained to me.

_____ _____

Individual/Guardian's Signature Date