

St. Clair County Community Mental Health
Notice of Disclaimer

NAME: _____

CASE #: _____

Since some portion of the electronic records of this client case record was not kept up-to-date, is missing, contains inaccurate information or was not appropriately maintained (according to Policy/Procedures), and since no other written or electronic records of individual contacts were maintained, the staff has documented what portion of the individual's record is not up-to-date, is missing or was not maintained. These are identified by a date range and by document. This exceptional method of case record documentation was introduced to embrace the intent of these Policy and Procedures, and to, as accurately as possible, represent the case handling, especially in the circumstance that the record is not as accurate or timely as CMH, MDCH or other regulatory organization requires.

Therefore, between the dates of _____ and _____, this case record may be incomplete and may not conform to clinical recording standards.

Due to procedural non-compliance, the following documents within the case record remain incomplete, missing, or inaccurate:

<u>DOCUMENT</u>	<u>DATE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STAFF RESPONSIBLE for NON-COMPLIANCE: _____
Name

STAFF COMPLETING THIS FORM: _____
Name

SIGNATURE: _____ DATE: _____
Supervisor

NAME of PROGRAM: _____