

St. Clair County Community Mental Health  
**Substance Use Disorder Services Program**  
**Attestation Statement – Policy Review**

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In compliance with the Michigan Department of Licensing and Regulatory Affairs, Administrative Rule R 325.1397, I acknowledge that I have received and reviewed the following St. Clair County Community Mental Health Substance Use Disorder Services Program policies:

- Policy #05-003-0055,  
Recipient Rights in Substance Use Disorder Services Programs
  
- Policy #05-003-0060,  
Recipient Rights Complaint Process – Substance Use Disorder Services Programs

I acknowledge that I understand and hereby agree to comply with the above policies.

I understand that if I have any questions about the above policies, I can speak with my supervisor, the Program Director, or Program Rights Advisor for clarification.

Signed:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Printed Name (First and Last)

\_\_\_\_\_  
Date

Original:      Personnel File  
Copy:          Employee