

St. Clair County Community Mental Health

Disclosure of Personal Involvement

St. Clair County Community Mental Health (SCCCMH) Administrative Policy [#06-001-0005, Personal Involvement with Recipients](#), prohibits any relationship that involves the misuse of a therapeutic or professional relationship by staff with individuals receiving services (“recipients”) and their family members. Misuse may involve financial or non-financial exploitation.

There may be situations where personal involvement beyond the therapeutic relationship does not constitute misuse or exploitation of the recipient. In such cases, the involvement must be approved by a staff member’s Supervisor, Services Director, the recipient’s guardian (where applicable), and the Corporate Compliance Officer, or their designee, with input from the Chief Clinical Officer.

Any personal involvement activity with a recipient and/or their family members that is not disclosed and approved using this form is considered a violation of SCCCMMH policy. This form is intended to facilitate the disclosure of such involvement and initiate the review and approval process set out in Policy #06-001-0005. The goal of this process is to review the reported activity, determine whether a real, perceived, or potential risk of exploitation exists, and to develop a plan to mitigate or lessen that risk to the recipient.

Instructions: Staff are required to report any personal involvement with recipients and/or their family members by completing this form with sufficient details to allow for an informed determination of any potential risk to the recipient.

1. **Staff Member:** Complete and submit form to your Supervisor.
2. **Supervisor:** Review the disclosure form and forward it, along with any additional pertinent information, to the Services Director and Corporate Compliance Officer.
3. **Services Director:** Consult with members of therapeutic team, as necessary, and formulate a recommended resolution.
4. **Services Director:** Discuss the recommendation with Corporate Compliance Officer.
5. **Corporate Compliance Officer:** Consult additional resources, as necessary.
6. **Services Director & Corporate Compliance Officer:** Document the final determination and sign. Return form to Supervisor for further action, including:
 - Discussion with the staff member;
 - Amendment to the Individual Plan of Service (IPOS); and
 - Approval by recipient’s guardian, as necessary.

Part I – Staff Member to Complete

Date: _____

Employee Name: _____ Classification/Grade Level: _____

Program/Department: _____ Supervisor: _____

A. Disclosure of Non-Financial Personal Involvement / ☐ Not Applicable

1. Please provide a description of your personal involvement with the recipient and/or their family members.
2. Describe your proposal for how this involvement may be addressed to minimize potential risk to the recipient.
3. Comments/other relevant information.

B. Disclosure of Financial Personal Involvement / ☐ Not Applicable

1. Please provide a description of your job duties or activities relevant to the commercial or financial involvement.
2. Please provide a description of your private interests relevant to the commercial or financial involvement.
3. What is your assessment of the real, perceived, or potential commercial advantage? Describe the contemplated financial arrangement, including fair market value of items in the arrangement.
4. What steps can be taken to address or resolve potential commercial advantage?
5. Comments/other relevant information.

By signing below, I attest that the information provided on this form is complete and accurate to the best of my knowledge. I understand that any misrepresentation or material omissions may be grounds for discipline, up to and including termination.

Employee Signature

Date

Part II – Supervisor to Complete

Do you agree with the suggested steps to mitigate potential risk? ☐ Yes ☐ No

Comments:

Other Actions Required:

Supervisor Signature

Date

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Part III – Service Director to Complete

Do you agree with the suggested steps to mitigate potential risk? ☐ Yes ☐ No

Comments:

Other Actions Required:

Service Director Signature

Date

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Part IV – Corporate Compliance Officer to Complete

Do you agree with the suggested steps to mitigate potential risk? ☐ Yes ☐ No

Comments:

Other Actions Required:

Corporate Compliance Officer Signature

Date

Original: Secure Corporate Compliance File
CC: Disclosing Employee
Supervisor