# COMMUNITY MENTAL HEALTH AUTHORITY

| ADMINISTRATIVE POLICY AND PROCEDURES MANUAL | | | | |
|---|---|---|---|---|
| **Chapter**<br>**Program Quality** | **Section**<br>**HIPAA** | **Chapter**<br>**05** | **Section**<br>**03** | **Subject**<br>**08** |
| **Subject**<br>**Disclosures to Disability Rights Michigan** | **Authorization** | | **Approved: 04/08/03**<br>**Replaces: None** | |

Updated: October 2024; Reviewed/No Update: October 2025

**I. PURPOSE:** To establish policy regarding access to medical records by representatives of Disability Rights Michigan (formerly Michigan Protection and Advocacy).

**II. APPLICATION:** All programs under the governance of Gogebic Community Mental Health Authority (GCMHA).

**III. DEFINITIONS:** None

**IV. POLICY:** Gogebic Community Mental Health Authority (GCMHA) will comply with the public law regarding access to medical records by representatives of Disability Rights Michigan. There are additional protections to those individuals receiving substance abuse treatment; refer to policy 05-01-33 (42 C.F.R. Part 2).

**V. PROCEDURE:** In accordance with Public Law 94-103, 89 Stat. 486, Public Law 99-319, 100 Stat. 478, and Act 258 of the Public Acts of 1974, as amended, an identified representative of Disability Rights Michigan shall be granted access to:

**A.** The records of a recipient, if the recipient or 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.

**B.** To the records of a recipient, including a recipient who has died or whose whereabouts are unknown, if all of the following apply:

**1.** Because of mental or physical condition, the recipient is unable to consent to the access.

**2.** The recipient does not have a guardian or other legal representative, or the recipient's guardian is the state.

**3.** 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.

**C.** To the records of a recipient who has a guardian or other legal guardian if all of the following apply:

**1.** A complaint has been received by Disability Rights Michigan or there is probably cause to believe the health or safety of the recipient is in serious and immediate jeopardy.

2. 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.
3. The representative has failed or refused to act on behalf of the recipient.

**VI. REFERENCES AND LEGAL AUTHORITY:** Act 258 of the Public Acts of 1974, as amended (Michigan Mental Health Code) Sections 748, 748 (a), and 750.

**VII. EXHIBITS:** None