

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

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 Authority 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