



OFFICE OF RECIPIENT RIGHTS

Authorization to Disclose Employee Information and Release of Liability

I, (PRINT Full Name) _____ authorize North Country Community Mental Health to disclose to the Provider listed below any information regarding violations of recipients' rights substantiated against me. I recognize that any disclosures will not include confidential client information protected by Federal and/or State law.

I, (PRINT Full Name) _____ release North Country Community Mental Health, its officers, its agents and its employees from any and all liability, claims suits, and actions of any nature brought against North Country Community Mental Health its officers, its agents and its employees for disclosing the information requested by me and I shall indemnify and hold them harmless should any such claims, suits or actions be filed against them.

Applicant Signature

Date

Print Previous Name(s) Used

Witness Signature

Date

Print Witness Name

INFORMATION TO BE SENT TO:

Provider Name

Address

Phone #

Fax #

Recipient Rights Office Use Only

- ☐ The above applicant **does not** have a substantiated recipient rights violation according to NCCMH records.
- ☐ The above applicant does have a substantiated recipient rights violation(s) according to NCCMH records.
- Violation(s) include:

Reviewed by: _____
NCCMH ORR Staff Date



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Provider Instructions:

This form may be used to complete a recipient rights “background check” as part of your employment process. Please instruct the potential candidate to complete the top of the form. Names must be printed legibly to ensure the accuracy of the North Country CMH database search. *Please note: this is only a search of NCCMH’s database; it does not include information from other CMH agencies.*

Complete the provider information and send the form to the recipient rights office at NCCMH.

Fax: 231.439.8752

Mail: 1420 Plaza Drive, Petoskey, MI 49770

Email: kgrace@norcocmh.org

Once received, the ORR will immediately process the form and return it to you. If you have any questions, or require more information, please contact the recipient rights office at 231.439.1268 or 800-281-0481.