

<b>COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN</b>		<b><i>Policy and Procedure</i></b>	
<b>Department Recipient Rights</b>		<b># of Pages: 2</b>	
<b>Policy Name FAMILY PLANNING SERVICES</b>		<b>Type of Policy:</b>  <input type="checkbox"/> WCHO <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Network	
<b>Policy Number</b>	<b>Effective Date</b>	<b>Revision Date</b>  7/11/06	<b>Approval Date</b>  7/18/06
<b>Administrative/Board of Directors Sign Off</b>			
<b>Administrative Signature:</b>			<b>Date:</b>
<b>Board of Directors Signature:</b>			<b>Date:</b>

**I. PURPOSE**

To establish guidelines concerning staff response to recipients' requests for family planning and health information services.

**II. APPLICATION**

All recipients while under the care of any Community Mental Health Partnership of Southeastern Michigan (CMHPSM) staff, students, volunteers and/or contractual agencies within the provider network.

**III. POLICY**

The provision of mental health services will not be affected by a recipient's decision to receive or not receive family planning services.

Recipients, their guardians, and parents of minors, shall be informed of the availability of family planning and health information services and, upon request, shall be referred to providers of such services.

**IV. DEFINITIONS**

Family Planning - Planning of the number of one's children through the use of birth control techniques.

**V. REFERENCES**

MDCH Administrative Rules - 330.7029  
Michigan Mental Health Code, Public Act 258 of 1974 as amended - 330.1707(1)

## VI. PROCEDURES

<u>WHO</u>	<u>DOES WHAT</u>
Supports Coordinator or Designated Staff	<ol style="list-style-type: none"><li>1. Informs recipient, empowered guardian, or parent of minor, of the availability of family planning and health information services.</li><li>2. Provides referral assistance for family planning or health information services if a recipient or guardian who is legally empowered to consent to such services, voluntarily requests a referral.</li><li>3. Referrals for pregnancy termination services shall not be provided for a minor recipient without parental consent.</li></ol>
Recipient, Guardian, or Parent of a Minor, if Legally empowered to consent to such measures	<ol style="list-style-type: none"><li>1. Shall be solely responsible for all decisions related to family planning.</li></ol>