

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

NUMBER: DA1042

NAME: CHANGE IN DEMOGRAPHIC INFORMATION FOR INDIVIDUALS SERVED

INITIAL APPROVAL DATE:	07/18/2001	BY: Administrative Committee
(LAST) REVISION DATE:	02/13/2024	BY: CIO
(LAST) REVIEW DATE:	02/15/2024	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. **PURPOSE**

To ensure that demographic information for each individual served by Sanilac CMH is entered into the Agency's electronic health record.

II. **APPLICATION**

Populations: **ALL**
Programs: **Direct - ALL**
Contracted – ALL

III. **PROCEDURES**

Clerical, Clinical, and Care Management staff may make changes to the demographic information of individuals served in the OASIS computer system themselves.

The following list should be used as a guide to make sure all applicable areas are updated. This is not an all-inclusive list and thus, additionally, an email should also be sent to the responsible program clerical staff.

- A. ADDRESS: Update the Home Address and Mailing Address of the Consumer Basic Information section. If applicable, Residential Status and the number of beds in the home must be updated. The responsible program clerical staff will give notice if there is a change in the residential status for the HAB Waiver.
- B. PRIMARY CARE PHYSICIAN: When there is a change in the Primary Care Physician, a new Acknowledgement of Emergency Care Procedure and Consent to Exchange Health Information (MDHHS Consent - 5515) form must be completed. Additionally, this information will need to be updated in the Basic Demographic Information section under Health Information.
- C. GUARDIANSHIP: If there is a change in Guardianship, that information must be entered into the Primary Guardian Information section as well as a change in where mail is to be sent under Mailing Information in the Basic Information section. A modification to this area can only be done once we have received the Order Appointing Guardian and Letters of Authority, the Letters only are not sufficient. If the Guardian is also the payee, that information must be updated under Contact People. The responsible program clerical staff will notify the Finance Department of a change in the Payee. The Guardianship/Payee paperwork from the court must be scanned into the record.
- D. ELECTRONIC COMMUNICATION: If consent was given on the Consent for Mental Health Treatment form and/or the Electronic Communication Consent form (#0511), this should also be indicated in the demographics section.

IV. **DEFINITIONS**

None

V. **STANDARDS**

None

VI. **ATTACHMENTS**

None

VII. **REFERENCES**

Form #0511- Authorization for Electronic Communication Consent

MDHHS Form - Consent for Mental Health Treatment

MDHHS – 5515 Form – Consent to Exchange Health Information (MDHHS Consent)