

25. Miscellaneous

- A.
- B. CMHSP Assignments - Community Rights Specialist
- C. Request for Investigation of an Attorney
- D. Filing a Bureau of Health Care Services/Health Facilities Complaint
- E. Filing a Bureau of Health Care Services/Health Professions Complaint
- F. Filing a Civil Rights Complaint
- G. Filing a HIPAA Complaint via Civil Rights
- H. Substance Use Disorder Complaint Form
- J. Case File Sheet
- K. Required Policies for MH Providers (& recommended)
- L. Resources Necessary to Run the Office

For Complaints Against a Health Care Professional

http://www.michigan.gov/lara/0,4601,7-154-35299_63294_63303---,00.html



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Licensing & Regulation

- Construction Codes
- Corporations, Securities & Commercial Licensing
- Fire Services
- Health Care Services**
- Health Facilities
- Health Professions**
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- Health Facilities Construction
- Health Facilities Forms
- Health Facilities & Long Term Care Publications
- Health Professions Complaints
- Health Professions Forms
- Licensed Health Professionals
- Professional Programs
- Radiation Safety
- Liquor Control Commission
- Office of Financial and Insurance Regulation
- Public Service Commission

All About LARA

- Agencies, Bureaus & Commissions
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Welcome to the Health Professions Division

The Health Professions Division in the Bureau of Health Care Services, in conjunction with state licensing boards, regulates over 400,000 health professionals in Michigan who are licensed, registered, or certified under Articles 7 and 15 of the Michigan Public Health Code and pharmacy related facilities. The Health Professions Division also oversees the Michigan Medical Marihuana Program, the Michigan Automated Prescription System (MAPS) Program, and the Health Professional Recovery Program.



Licensed Health Professions

Select a Profession for Information GO

Spotlight

- [Application Status Look Up](#)
- [Apply for MD Full License and MD/DO Clinical Academic and Educational Limited Licenses Online](#)
- [Purchase License Lists](#)
- [Renew/Update Your Health Professional License Online](#)
- [Report Your Nursing License \(RN/LPN\) Status to Another State](#)
- [Report Your Physician License \(MD/DO\) Status to Another State](#)
- [Verify a Health Professional License](#)

Programs

- [Controlled Substances Advisory Committee](#)
- [Health Professional Recovery Program \(HPRP\)](#)
- [Michigan Automated Prescription System \(MAPS\)](#)
- [Michigan Medical Marihuana Program](#)
- [Pain and Symptom Management](#)
- [Patient Safety](#)
- [Substance Abuse Program Licensure](#)

General Information

- [Contact the Bureau of Health Care Services](#)
- [Freedom of Information Act \(FOIA\)](#)
- [Frequently Asked Questions](#)
- [Health Professions Complaints](#)
- [Microdermabrasion PDF](#)
- [Use of Laser Equipment by Health Professionals PDF](#)

News and Updates

- [HealthLink Newsletter - Fall 2012 Issue PDF](#)
- [MlpainManagement Newsletter - Summer 2012 Issue PDF](#)

Resources

- [Administrative Rules for Health Boards](#)
- [Boards for Professions Licensed/Registered/Regulated](#)

E. Filing a Bureau of Health Care Services/Health Professions Complaint

For Complaints against a Health Care Facility:

http://www.michigan.gov/lara/0,4601,7-154-35299_63294_63302---,00.html

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Welcome to the Health Facilities Division

The Bureau of Health Care Services is the State Agency (SA) for Michigan providers that want to be federally certified to participate in the Medicare/Medicaid programs. The Health Facilities Division coordinates the certification program on behalf of the Centers for Medicare and Medicaid Services (CMS) for the following provider and supplier types. The certification process and priorities are set by CMS. The bureau and division are designed to make our regulatory system simple, fair and efficient while at the same time protecting Michigan's healthcare consumers.

Spotlight

- [Forms and Publications for Health Facilities](#)

Programs and Services

- [Clinical Laboratories](#)
- [Comprehensive Outpatient Rehabilitation Facilities \(CORF\)](#)
- [End-Stage Renal Disease Facilities \(ESRDs\)](#)
- [Freestanding Surgical Outpatient Facilities/Ambulatory Surgical Centers \(FSOFs/ASCs\)](#)
- [Health Facilities Engineering Section \(HFES\)](#)
- [Home Health Agencies](#)
- [Hospice](#)
- [Hospitals](#)
- [Michigan Psychiatric Hospitals and Programs](#)
- [Outpatient Physical Therapy \(OPT\) Providers](#)
- [Portable X-Ray Providers](#)
- [Radiation Safety Section \(RSS\)](#)
- [Rural Health Clinics \(RHC\)](#)

General Information

- [Complaint Hotlines](#)
- [How to File a Complaint Against Health Facilities](#)
- [Contact the Bureau of Health Care Services](#)
- [Freedom of Information Act \(FOIA\) Requests](#)
- [Non-LTC Health Facilities Program Information](#)

News and Updates

Resources

- [Online Searches for Health Facilities & Programs](#)
- [Quick Find Index](#)
- [State Rules and Federal Regulations](#)

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D. Filing a Bureau of Health Care Services/Health Facilities Complaint

Case File Sheet

Rights Complaint #: _____ Log as : _____ MHC: _____

Recipient's Name: _____

Complainant's Name (if different than above): _____

Rights Advisor assigned: _____

Date Opened: _____ Date Closed: _____

Case Resolved by: Intervention → Substantiated Not substantiated
 Investigation → Substantiated Not substantiated

Notification: APS CPS CIS POLICE Other _____

The following documents are contained in the Individual Case File

- Recipient Rights Complaint
- Incident Report, if applicable
- 5 Day Notification Letter
- Status Report, if applicable Date sent: _____ 30 day _____ 60 day
- Report of Investigative Findings – Date sent to Director _____
- Intervention – Date completed _____
- Documentation of Remedial/Corrective Action – Date received _____
- Summary Report – Date received _____
- Post-Summary Notification of Resolution – Date sent _____

DOCUMENTS EXAMINED:

	Name	Date Examined	<u>Copy in File</u>	
			Yes	No
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

WRITTEN STATEMENTS:

	Name	Date Examined	<u>Copy in File</u>	
			Yes	No
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

PERSONS INTERVIEWED:

	Name	Date Interviewed	<u>Notes in File</u>	
			Yes	No
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>