BERRIEN MENTAL HEALTH AUTHORITY
CLINICAL CODE OF ETHICS

Provider Name (please print)

STATEMENT OF UNDERSTANDING

As a provider (or potential provider) in the Berrien Mental Health Authority Provider Network, I (we) understand the following:

- That the Credentialing Committee as a part of the credentialing process reviews all credentialing applications.
- That, by making this application, I (we) agree to abide by the Provider Network policies and procedures and the contract to provide Behavioral Health services.
- That being credentialed as a provider in the Berrien Mental Health Authority Provider Network is for a period of three years.
- That if professional privileges are curtailed, suspended, revoked or denied after initial appointment, I (we) have the right to appeal through an established appeal process.
- That the specific qualifications, authorities, and responsibilities of Provider are outlined in written procedures and contractual agreement.
- That I (we) may be asked to participate in outcome studies and other utilization review or quality assurance activities undertaken to promote quality clinical services.
- That no consumer referred for services may be denied them on the basis of age, race, disability, creed, sexual orientation or national origin.
- That staff delivering behavioral health services have appropriate professional backgrounds, competency and ability to provide appropriate behavioral health services.
- That it is my (our) responsibility to deliver care in a professional and ethical manner. Therefore, I (we) subscribe to the following ethical standards:

- Respect for the confidentiality of all records, materials and communications concerning consumers;

- Respect for the consumer by maintaining an objective, professional relationship at all times;

- Respect for the rights and views of other professionals, as well as the adherence to the rights of consumers

- Willingness to assess personal and vocational strengths and limitations; biases and effectiveness; ability and willingness to recognize when it is in the consumer's best interest to refer or release her/him to another Provider;

- Commitment to provide the highest quality of care through both personal effort and the utilization of any other professionals or services, which may assist the consumer in her/his treatment plan.

BY SIGNATURE BELOW, I (WE) HEREBY AFFIRM THAT I (WE) HAVE READ AND UNDERSTAND CREDENTIALING PROCESSES, AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS, AS STATED IN THE CLINICAL CODE OF ETHICS.

I (WE) UNDERSTAND THAT A BREACH OF ANY OR ALL OF THE BERRIEN MENTAL HEALTH AUTHORITY CLINICAL CODE OF ETHICS, MAY RESULT IN SANCTIONS LEVIED AGAINST THE PROVIDER, UP TO AND INCLUDING DISENROLLMENT.

Signed: _____ **Date:** _____

(Signature of Applicant or Representative)

_____

(Print Name)

Form: 07-06-05 Clinical Code of Ethics