BERRIEN MENTAL HEALTH AUTHORITY
LICENSED INDEPENT PRACTITIONER
CLINICAL CODE OF ETHICS

As a provider in the Berrien Mental Health Authority Provider Network, I understand the following:

- That the Credentialing Committee, as a part of the credentialing process, reviews all credentialing applications.

- That, by making this application, I agree to abide by the Berrien Mental Health Authority policies and procedures and the contract to provide behavioral health services.

- That being selected as a provider in the Berrien Mental Health Authority Provider Network is for a period of two years.

- That if professional privileges are curtailed, suspended, revoked, or denied after initial appointment, I have the right to appeal through the established appeal process.

- That the specific qualifications, authorities, and responsibilities of Providers are outlined in written procedures and contractual agreement.

- That I may be asked to participate in outcome studies and other utilization review and/or quality assurance activities undertaken to promote quality clinical services.

- That no consumer referred for services may have them denied based on age, race, disability, creed, sexual orientation, gender, or national origin.

- That I have the appropriate professional background, competency, and ability to provide appropriate behavioral health services.

- That it is my responsibility to deliver care in a professional and ethical manner and I 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, and recognize when it is in the consumer's best interest to refer them to another provider

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

My signature below, hereby affirms that I have read and understand the credentialing process and agree to abide by all the rules and regulations, as stated in the Clinical Code of Ethics.

I understand that a breach of any or all the Berrien Mental Health Authority's Clinical Code of Ethics, may result in sanctions levied against the me, up to and including discharge.

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Name (Please Print) Date

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Signature