



HURON BEHAVIORAL HEALTH PROCEDURE

Procedure #: RR.2.08
Issue Date: 09/27/00
Rev. Date: 12/31/23
Page: 1 of 2

Title: Duty to Warn Procedure

Prepared By: Recipient Rights Officer

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Purpose:

To define the process of Duty to Warn if a threat of physical violence is made by a consumer to an identifiable victim.

Scope:

This procedure applies to all employees (including full-time and part-time employees), contract providers, volunteers, students, and/or interns, of Huron Behavioral Health (HBH), both direct and contracted.

Information:

It is the policy of HBH to take appropriate action when a threat of physical violence is made by a consumer. Mental health professionals have the duty to warn victims or take reasonable precautions to provide protection from violent consumer behavior if the consumer has communicated an actual and foreseeable threat of physical violence by specific means against a clearly identified or reasonably identifiable victim.

Duty to Warn is defined as a threat against a clearly identifiable or reasonably identifiable victim and serious intent with foreseeable peril is present as indicated by, but not limited to the following:

- a. Threat of physical violence
- b. A reasonably identifiable third person
- c. Apparent intent
- d. Ability to carry out the threat
- e. Foreseeable future

Procedure:

1. When assessing and responding to consumer threats of harm to others, information will be elicited through non-threatening inquiry.
2. If, in the judgment of the worker, there is a clear threat to (a) specific person(s) or a specific class of people, the following steps are to be taken:
 - a. Notify/consult with the supervisor or the Clinical Director. The supervisor or Clinical Director will immediately notify the Executive Director or designee.
 - b. Notify potential victim(s) and notify appropriate police authorities, (Village, County, State), after consultation with Executive Director and/or designee.
 - c. Evaluate for involuntary or voluntary hospitalization.
 - d. Document everything in the Electronic Medical Record (EMR) system giving rationale for all decisions.
3. If the third party who is threatened is a minor or is considered incompetent by other than age, the worker must:
 - a. Follow #2 (above)
 - b. Communicate with the Department of Human Services (DHS)
 - c. Communicate with the parent or legal guardian
4. In all such cases, treatment must be continued. Documentation must be comprehensive and concise, giving rationale for all decisions.

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Complaint Process:

A consumer or another individual on behalf of a consumer may file a complaint for a decision regarding Duty to Warn. Complaints can be filed with HBH Recipient Rights Office.

Definitions/Acronyms:

COA – Council on Accreditation

DHS – Department of Human Services

EMR – Electronic Medical Record

HBH – Huron Behavioral Health

Forms:

Use appropriate EMR form (e.g., progress note, screening, crisis contact, etc.)

Records:

Records are retained by HBH "[Recipient Rights Office Record Retention and Disposal Policy](#)" (RR.2.25).

Reference(s) and/or Legal Authority

COA standards

HIPAA Act of 1996 (www.hhs.gov)

Enrolled House Bill No. 4237 of 1989 (www.legis.state.pa.us/)

Michigan Mental Health Code, Section 330.1748, Section 330.1946 (www.michiganlegislature.org/)

Duty-to-Protect Law 1987 Montana Code Ann. Section 27-1 (HB267) (Freedom of Information Act) (www.inpsych.com/duty_to_warn.htm)

MCL 330.1946

[RR.2.25 Recipient Rights Record Retention Procedure](#)

Change History:

Change Letter	Date of Change(s)	Changes
A	05/23/03	New format, forms added, references added. Added Complaint process, updated references.
B	03/01/06	Changed "FIA" to "DHS" throughout document., added Acronym "COA" ,
C	12/04/08	Reviewed and revised to comply with COA 8 th Edition Standards and present practices – removed COA chapter-specific references (G1), changed Progress Note form numbers from 90-208 & 30-001 to 90-1008 to match new EMR/Gallery Progress Note form number, added EMR to "Acronym" section,
D	07/25/11	Reviewed by the Recipient Rights Advisory Committee with no changes.
E	02/02/12	Reviewed by the HBH Recipient Rights Advisory Committee on 01/23/12 w/ no changes.
F	05/15/13	Reviewed by the HBH Recipient Rights Advisory Committee w/ no content changes.
G	01/13/15	Reviewed by the HBH Recipient Rights Advisory Committee – removed form number "90-1008" for progress note (2 places), added "EMR" to "Acronym" section, changed "Gallery/EMR" to "EMR" in "Forms" section
H	07/27/16	Reviewed by the Recipient Rights Advisory Committee – in "Acronym" section removed "DD" & "MI", in "Procedure" section 2.d removed "using the progress note form" and added "in the Electronic Medical Record (EMR)", in "Forms" section removed "progress note form" and added "appropriate EMR form (i.e....)".
I	08/07/18	Reviewed by Recipient Rights Advisory Committee – No content changes.
J	05/19/20	Reviewed by Recipient Rights Officer - Made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
K	04/10/22	Made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
L	12/31/23	In "Procedure" section 2.a added "or the Clinical Director" (2 places), in "References" section added MCL 330.1946, made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.