



EVIDENCE OF DUE PROCESS REVIEW FOR LIMITATION OF RIGHTS

Follow-up Review

Due Process Committee Organization Represented or Name of Committee

Due Process Facilitator Name

DEMOGRAPHIC

Consumer Last Name

First Name

DMH ID

Guardian Name

Not provided to the committee members who are doing the review. It can be provided to SC and Provider who support the individual, and the Regional Office

Original Person Referring

Date of Original Referral

DMH Region

Provider Name (*Provider who is supporting the person*)

Provider Name (*Provider who is supporting the person*)

Date requested information
was received by DPC

Date requested information
was reviewed by DPC

Are rights protection in place after review of requested information? Yes No

If no, what additional action will be taken?

Date Additional Follow-up was completed

Results of follow-up

DPC Chair Signature/Date

FOLLOW-UP REVIEW Committee Members Present Name and Role

Name Role

Name Role

Name Role

Name Role

Name Role

Name Role

Others present:

Notification to individual or guardian: If there are concerns related to this review of Due Process they may contact the Department of Mental Health, Office of Constituent Services at 800-364-9687/573-751-4122 or email constituentsvcs@dmh.mo.gov