

Michigan Office Of Attorney General Consumer Complaint Form

Web Complaint Number: 2019-cp03041517730-A

Submitted: 3/4/2019 3:17:15 PM

Consumer Information

Your Last Name: [REDACTED] First Name: [REDACTED] M.I.:
Your Street Address: [REDACTED] City: Hot Springs
Your State: AR Zip Code: 71902
Your County: Outside Michigan
Your Home Phone: Your Work Phone: Ext.:
Fax Number: E-mail Address: [REDACTED]
Are you a veteran or active-duty service member?

Primary Company Or Person Your Complaint Is About

Company or Person? Company
Complainee Last Name: Complainee First Name:
Company Name: Behavioral Rehabilitation Services City: I Harrison
Street Address: 355 W Mannsiding Rd Harrison, MI Zip Code: 48625
State: MI Phone:
County: Barry E-mail Address:
Fax Number: 8889820865 Product Offered:
Web Site Address: <https://brsrehab.com/about-us/>
Primary Jurisdiction: None

Secondary Company Or Person Your Complaint Is About

Company or Person? Company
Complainee Last Name: Complainee First Name:
Company Name: City:
Street Address: Zip Code:
State: MI Phone:
County: E-mail Address:
Fax Number:
Web Site Address:

Motor Vehicle Warranty Complaint Information

Vehicle Make, Model, and Year:
Vehicle VIN No.:

Complaint Information

Incident Date\Time: 1/7/2020 1:00:00 AM
Incident Location:
Approximate Monetary Value:
Did you sign a contract? False
Where did you sign this contract?
Is a court action pending? False
Do you have an attorney representing you on this matter?
Are you willing to testify in court regarding this complaint?
Did you complain directly to the business?
What was the response from the business?

If no complaint was given to the business directly, why?

Was this complaint filed with any other agencies?

Do you think were targeted for unfair treatment due to your status as a veteran or active-duty service member?

Complaint Detail/Inquiry Information

Foia shows this rehab not being licensed and not all pharmacy numbers valid --- Please respond above this line --- March 04, 2019 RE: PUBLIC RECORDS REQUEST of February 07, 2019, Reference # R014799-020719. Dear Ms. [REDACTED]: The Michigan Department of Licensing and Regulatory Affairs (LARA) has received your February 07, 2019 request for records on February 08, 2019, and has processed it under the provisions of the Michigan Freedom of Information Act (FOIA), 1976 PA 442, MCL 15.231 et seq. You requested the following: "KERRY MARK SIMON Medicine Medical Doctor 4301075257 Pharmacy Drug Treatment Program Prescriber 5304001159 Pharmacy Drug Treatment Program Prescriber 5304001160 Pharmacy Drug Treatment Program Prescriber 5304001244 Pharmacy Drug Control - Location 5307004713 Pharmacy CS - 3 5315068649 Pharmacy CS - 3 5315068648 The address they take the people to is: Behavioral Rehabilitation Services Drug and Alcohol Addiction Rehab Center 355 W Mannsiding Rd Harrison, MI 48625 1-888-982-0865 Pharmacy CS - 3 5315136402" Your request has been granted in part and denied in part. Portions of your request are exempt from disclosure based on provisions set forth in the Act. Please see comments below. Comments: As to the partial grant, the records are available in the FOIA Center. As to the partial denial, To the best of the LARA's knowledge, information, and belief, under the information provided by you or by any other description reasonably known to LARA, the public records do not exist (MCL 15.235(5)(b)). Regarding the professional license number(s) provided, 355 W Mannsiding Rd is not a known address of record. However, the following address of record information is available: 4301075257: 4450 N Jebavy Dr, Ludington MI 49431; 5315068648: 15140 16th Ave, Marne MI 49435; 5307004713: 4450 N Jebavy Dr, Ludington MI 49431; 5315068649: 300 Care Center Dr, Manistee MI 49660; 5315136402: 4450 N Jebavy Dr, Ludington MI 49431. Under section 10 of the FOIA, MCL 15.240, the Department is obligated to inform you that you may do the following: 1) Appeal this decision in writing to Appeals Officer Adam Sandoval, Department of Licensing and Regulatory Affairs, P.O. Box 30004, Lansing, MI 48909. The writing must specifically state the word "appeal" and must identify the reason or reasons you believe the partial denial should be reversed. The head of the Department or her designee must respond to your appeal within 10 business days of its receipt. Under unusual circumstances, the time for response to your appeal may be extended by 10 business days. 2) Commence an action in the Court of Claims within 180 days after the date of the final determination to deny the request. If you prevail in such an action, the court is to award reasonable attorney fees, costs, and disbursements, and possible damages. Please note: These records will be available in the FOIA Center for 365 calendar days; and will then be destroyed as required by the Department's records and retention schedule. If you have questions concerning this matter, please email us at larafoiainfo@michigan.gov. To review a copy of LARA's written public summary, procedures, and guidelines, please visit www.michigan.gov/larafoia. Sincerely, LARA FOIA Office hk

[False] Check if you want to send documentation. After you submit this form you will be provided with a postal mail address, and facsimile number, to which you may send documents.

[True] Check if this referral is just to give us information and you do not need us to respond to you directly.

[False] Check if you want to sign up for the Consumer Protection Listserv.

[False] Check if you want to sign up for the AG Press Release Listserv.

[False] Check if you want to sign up for the Attorney General Opinions Listserv.

(*)I certify that the information on this form is true and accurate to the best of my knowledge.

(*)I consent to releasing to the Michigan Attorney General any information or document relative to the investigation of this complaint. By checking this box, I also certify that I have had the opportunity to review the Michigan Attorney General Privacy Policy before submitting this complaint.
