County of San Diego - HHSA

Behavioral Health Services

CLIENT INFORMATION CHANGE, ADDITION, OR MERGE REQUEST FORM

REQUESTER INFORMATION			
DATE OF REQUEST:		FORM COMPLETED BY:	
PROGRAM NAME:		REQUESTER PHONE #:	EXT #:
		REQUESTER FAX #:	

CURRENT CLIENT INFORMATION	
CLIENT ID #	
CLIENT NAME (Last, First, Middle)	
Date of Birth	
Social Security Number	
Gender	

	REQUESTED CLIENT INFORMATION CHANGE	DUPLICATE RECORD INFORMATION (ONLY COMPLETE IF APPLICABLE)
CLIENT ID #		
CLIENT NAME (Last, First, Middle)		
Date of Birth		
Social Security Number		
Gender		
STOP – DO NOT ENTER INFORMATION BELOW THIS LINE. HIMS USE ONLY.		
CLIENT INFORMATION TO BE KEPT IN SMARTCARE		

Client ID #		Social Security Number	
Client Name		Gender	
Date of Birth			
Date completed by HIMS		**HIMS Staff Initials**	

Notes/Comments/Details:

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BHS 025 Form Job Aid

BHS 025 Form should be completed when client's demographic information needs to be corrected or updated.

Users should NOT make changes to Name, DOB, SSN and Gender

How to Complete the BHS 025 Form:

Section #1: Requester Information: The requester is the person completing the form. All fields should be completed.

Section #2: Current Client Information: Client's current demographic information as it is currently in SmartCare

Section #2: Requested Client Information Change ~OR~ Duplicate Record Information:

This column should be used when requesting client demographic changes.

Complete the section with the requested information you would like changed or corrected

	REQUESTED CLIENT INFORMATION CHANGE	DUPLICATE RECORD INFORMATION (ONLY COMPLETE IF APPLICABLE)
CLIENT ID #		
CLIENT NAME (Last, First, Middle)		
Date of Birth		
Social Security Number		
Gender		

Only use this section if there is a duplicate client ID #

Complete the column with the duplicate client ID #'s information