

**Mental Health Legacy EHR - Interim Record Bulk Request Form**



<b>Person/Program Requesting Information</b>	
<b>Email</b>	
<b>Phone Number</b>	
<b>Purpose of Request/Rationale/Comment</b>	

**Check here to request ALL records and reports**

Face Sheet    Client Roster    Progress Notes    Medication List    Client Plan    Client Services Listing    Client Account Summary

**ASSESSMENT FORMS:**

BHA    Client Plan Confirmation Page    Demographic Form    Discharge Summary    Initial Screening    Psych Assessment    State Required  
 STRTP    Other Types of Assessment Forms

Client's Information													
Last Name	First Name	MI	Previous Last Name	Previous First Name	Prev MI	Case Number	Last four of SSN	Date of Birth	Treatment Begin Date	Treatment End Date	Unit	Unit	Unit
Example	Client	A				999999999	9999	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	1110 CO SOUTH	1120 CO NORTH	1130 CO EAST

**What Your Request Means**

**Sensitive Information:** Records may include information relating to sexually transmitted diseases, Acquired Immunodeficiency Syndrome (AIDS), or the Human Immunodeficiency Virus (HIV). They may also include information about behavioral or mental health services or treatment for alcohol and drug abuse.

**Responsibility of Program/Provider:** Clinical review, redaction, appropriateness and distribution will remain the responsibility of the Program and/or Provider requesting the chart. The information requested contains Protected Health Information (PHI) and provider will use it only for the purpose stated above, in compliance with HIPAA, 42 CFR Part 2 (if applicable), and all applicable state confidentiality laws.