

Mental Health Legacy EHR - Interim Record Bulk Request Form



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

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.