Mental Health Legacy EHR - Interim Record Bulk Request Form

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

What Information May Be Shared

☐ Print Clinical Forms ☐ Face Sheet ☐ Client Roster

☐ Medications ☐ Client Account Summary

Client's Information							
Last Name	**First Name**	**MI**	**Case Number**	**Last four of SSN**	**Date of Birth**	**Treatment Date From**	**Treatment Date To**
Doe	Jane	M	999999999	9999	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

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.

PLEASE SECURE E-MAIL THIS FORM TO: SDHELPDESK@OPTUM.COM