



CLIENT INFORMATION CHANGE, ADDITION, OR MERGE REQUEST FORM

Instructions:

\* Unencrypted emails will not be opened

- Complete form for to request client information change or merge request for duplicate client record
- Typed forms only accepted
- Send completed form to HIMS along with any supporting documents:

Fax: (619) 399-3503 or \***ENCRYPTED** Email: [HIMDept.HHSA@sdcounty.ca.gov](mailto:HIMDept.HHSA@sdcounty.ca.gov)

For assistance call: Optum Help Desk (800) 834-3792 or Health Information Management Department Services (HIMS) (619) 584-3090

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			
<b>Date completed by HIMS</b>		<b>HIMS Staff Initials</b>	

Notes/Comments/Details:



# County of San Diego - HHSA

## Behavioral Health Services

### 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