REQUEST to BLOCK BHRS AVATAR - Electronic Medical Record

Send completed form to Quality Management at
1950 Alameda de las Pulgas, San Mateo, CA 94403 or FAX (650) 525-1762.

QM will protect all requests received; destroy any/all other copies.

Requestor’s Name ____________________________ Work Location _______________________

Phone or email ________________________________________________

I am a:  □ BHRS Staff/Volunteer/Intern  □ Health System Staff/Volunteer  □ Contractor

Name of Client/Former Client (chart to block) ________________________________

Block from these Program(s) &/or Person(s) ________________________________

I am making this request because:

☐ I am both a staff person/volunteer/intern etc. and a client or former client.

☐ I am a parent/guardian/spouse/partner or other relative of this client.

☐ I know this BHRS client or former client personally, outside of my workplace.

☐ There is a court order to block this person’s chart. (Fax court order to QM).

☐ This client or former client is a high profile person and it is likely that media attention could jeopardize the confidentiality of his/her chart.

☐ Other ________________________________

Requester’s Printed Name ____________________________ Requester’s Signature ____________________________ Date ____________________________

This request does not in any way restrict this current or former client’s, or guardian’s, right to request to see and/or obtain a copy of his/her chart. (See BHRS Policy 00-06.) In addition, current or former clients or guardians may request that restrictions be put on who may access their chart. (See BHRS Policy 03-08.)

Quality Management Decision ____________________________________________________________

Date Decision Implemented ____________________________ Signature ____________________________