



San Mateo County Health System
Behavioral Health & Recovery Services

**REQUEST to BLOCK BHRS
AVATAR - Electronic Medical Record**

**CONFIDENTIAL
PATIENT
INFORMATION:**
“See California
Welfare and
Institutions Code
Section 5328.”

**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
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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 _____