

## CMBHS YES Waiver Delete Document in Client File Request

In order to ensure the security of Clinical Management for Behavioral Health Services (CMBHS) and protect the confidentiality of the information contained therein this form must be completed and faxed to DSHS (Fax # 512-821-4581) or sent via email to: DSHS YES Waiver Staff email: YESWaiver@dshs.state.tx.us whenever a provider wishes to have a document deleted from the CMBHS System.

### Document Information: (All fields must be completed)

Provider:	
Location:	
CMBHS Client Number:	
Type of Document:	
CMBHS Document Number:	
Document Status:	
Performed by:	
Service Date:	
Reason for request:	

This is a request that the above document be deleted from the CMBHS System. I understand that once this request has been completed that the deleted file cannot be restored. This request is submitted only because the presence of the document in the CMBHS system currently prevents necessary functions from being performed and/or presents a possible or potential violation of client confidentiality and therefore its removal from the system is absolutely necessary.

This request can be faxed to the CMBHS Helpline or emailed to the DSHS YES Waiver Staff email: YESWaiver@dshs.state.tx.us for approval and to sign off on the request.

\_\_\_\_\_  
(DSHS YES Waiver Staff Name)

\_\_\_\_\_  
(DSHS YES Waiver Staff Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(CMBHS Security Administrator Name)

\_\_\_\_\_  
(CMBHS Security Administrator Signature)

\_\_\_\_\_  
(Date)

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please fax back to:  
**Fax # (512) 821-4581**  
 Any questions please contact:  
**CMBHS HelpLine 1-866-806-7806**