

**MACOMB COUNTY COMMUNITY MENTAL HEALTH - Substance Use Services
FOCUS DOCUMENT REMOVAL REQUEST**

REQUESTING AGENCY:

DATE:

Name of person completing request:	Job title:	
Location:	Phone:	E-mail:

DOCUMENT INFORMATION:

FOCUS ID:	Client First & Last Name:
Document Date (date document added)	
Document Type: <input type="checkbox"/> Admission <input type="checkbox"/> Admission Layer <input type="checkbox"/> Discharge <input type="checkbox"/> Reverse Administrative Discharge <input type="checkbox"/> Update <input type="checkbox"/> Authorization	
Date/Time Record added to FOCUS (See 'Record Added' lower left corner of FOCUS):	
Reason Removal Requested:	

E-mail completed form to: Nicole.palazzolo@mccmh.net.

MCCMH - SUD STAFF OFFICE USE ONLY:

Removal Completed by:
Date Completed: