



**Macomb County Community Mental Health
Substance Use Services Department**

FOCUS DOCUMENT REMOVAL REQUEST

REQUESTING AGENCY:

DATE OF REQUEST:

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

DOCUMENT INFORMATION:

FOCUS ID:	Client First & Last Name:
Document Date:	
Document Type:	
Admission	Admission Layer
Discharge	Reverse Administrative Discharge
Update	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:	YES	NO
SUD Staff completing removal: _____ Date Completed: _____		