



Division of Public and Behavioral Health Policy

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1.0 Policy

It is the Policy of the Division of Public and Behavioral Health (DPBH), Substance Abuse, Prevention, and Treatment Agency (SAPTA) that all providers, in accordance with 505 (a) of the Public Health Service Act (42 US code 290aa-4) which directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect items including admission and discharge data.

2.0 Procedure

NOTE: THIS FORM IS USED TO UPDATE CLIENT DEMOGRAPHICS THAT WERE PREVIOUSLY ENTERED.

1. Click in the Search Forms field and type Update Client Data.

The screenshot shows a search results table with two columns: 'Name' and 'Menu Path'. The first row is highlighted in green and shows 'Update Client Data' with the menu path 'Avatar PM / Client Management / Client Information'. The second row shows 'Update Client Data' with the menu path 'Avatar CWS / Other Chart Entry'. Below the table, there is a search input field containing 'update die|' and a search icon. Below the search field, there is a 'Browse Forms' section with a refresh icon and three expandable categories: 'Avatar PM', 'Avatar CFMS', and 'Avatar CWS'.

2. Double-click on the Update Client Data form. It does not matter which one you choose. Both selections link to the same form.
3. The Select Client display box will appear. Search for client by ID or last name.

The screenshot shows the 'Select Client' form. It has a title bar 'Select Client' and a search input field with a search icon. Below the search field, there is a large empty area for displaying search results.

4. Double-click on the client.
5. The Update Client Data form will open.



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Update Client Data

Client Name: ROBBINS, STEPHANIE

Sex: Female Male

Date Of Birth: 08/01/1995

Social Security Number: 011-11-1111

Facility Chart Number: [Empty]

Address - Street: 123 Mississippi Way

Apartment or Unit: [Empty]

Zip Code: 89706

City: Carson City

State: NEVADA

County: Carson City

Home Phone: [Empty]

Work Phone: [Empty]

Cell Phone: [Empty]

Email Address: [Empty]

Communication Preference:
 Email Regular Mail Home Phone
 Work Phone Cell Phone Do Not Contact
 Text

Aliases:
Alias 1: [Empty] Alias 6: [Empty]

6. Make updates to the client's information.
7. Click Submit when finished.

