Maryland Department of Health and Mental Hygiene
Prevention and Health Promotion Administration
Center for Cancer Prevention and Control
CPEST Client Database

CLIENT INFORMATION DELETION REQUEST FORM

SECTION 1: INFORMATION TO BE DELETED

Instructions: Please determine which type of client information you wish to have deleted from the Client Database (i.e., entire client record, or cycles within a client record) and complete the appropriate table(s) below. If you are requesting deletion of multiple cycles per client, please list each cycle separately in the table (Note: DOB=date of birth and SSN=Social Security Number in the tables below). Reminder: Insured clients eligible for *Patient Navigation Only* services should not be deleted. **All fields must be completed in order for your request to be processed**.

DELETE ENTIRE CLIENT RECORD			
CLIENT ID #	**DOB** (MM/DD/YY)	**SSN** (LAST 4 DIGITS)	**REASON FOR DELETION**

DELETE CYCLE(S)					
CLIENT ID #	**DOB** (MM/DD/YY)	**SSN** (LAST 4 DIGITS)	**CANCER MODULE** (CRC, Oral, Skin, Prostate)	**CYCLE #**	**REASON FOR DELETION**

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SECTION 2: CONTACT INFORMATION OF REQUESTER

Instructions: Please provide the contact information of the person requesting deletion of client information. **All fields must be completed in order for your request to be processed**.

CONTACT INFORMATION	
Name (First, Middle Initial, Last)	
Title	
Agency/Program	
County/Jurisdiction	
Address	
E-mail address	
Phone number	
Name of Supervisor	
Title of Supervisor	
Phone number of Supervisor	
E-mail of Supervisor	

Signature of Requester _____   **Date** _____

Signature of Requester's Supervisor _____   **Date** _____

Program Use Only: *Date Request Received:* _____   *Name of SEU staff processing request:* _____

Date deletion performed: _____