SACVALLEY MEDSHARE

SVMS New Portal User Request

An SVMS **New Portal User Request** must be completed for each User who will be accessing the SVMS HIE via the user portal. User will receive their secured access information by phone or encrypted electronic mail. This completed form must be electronically mailed to support@sacvalleyms.org. Fields outlined in red are required. If the user needs access to CURES; their first and last name, DEA and NPI must be on this form and must match their CURES database registration information.

To be Completed by Authorized Organization's Point of Contact

Practice/Organization/Facility Information

Practice/Organization/Facility: **Department:**

User Information

Full Name: *Last Name* *First Name* *M.I.* **Specialty:**

eMail Address: **Professional Suffix/Title:**

NPI #: *If applicable* **License #:** *If applicable* **DEA #:** *If applicable*

User Access Requested (must choose at least one)

- User Acceptance Testing (UAT) Full Access *(IT,**Super User)* ☐
- User Acceptance Testing (UAT) Regular Access ☐
- Production System (PROD) Full Access *(IT,**Super User, Nurses, Physicians-Security Override)* ☐
- Production System (PROD) Regular Access *(Any user who does not need access to sensitive data)* ☐
- Direct Messaging Address *(Any user)* ☐
- Direct Messaging Administration/ Vault Administration *(**Super User, IT, HIM)* ☐
- HIM *(**Super User, HIM)* ☐
- CURES *(Medical Staff that prescribes controlled substances)* ☐
- Other: ☐

** includes access to Substance Use Disorder and Behavioral Health Data *****Super User*** *has access to all functions in system*

Organizational Contact Signature

By signing below, I certify that User has completed the required **HIPAA and Confidentiality** training and all information contained herein is accurate. I affirm that all aces, by my organization, to the SVMS system(s) shall be in compliance with the Participation Agreement between our organization and SVMS, applicable law, SVMS governing policies and that any inappropriate use or access to the SVMS system(s) may result in the imposition of sanctions by SVMS, against me and/or my organization that could include loss of use of the SVMS system(s), notice to licensing authorities, and/or civil or criminal penalties. I have certified the identity of the individual.

- Type your full name, email address, and the date prior to signing as once signed, the form fields lock.

Submit to User

Date *Full Name* *eMail Address* *Point of Contact Signature (required)*

To be Completed by User

Security Information (Used to verify identity for password resets, etc.)

Month and Day of Birth: **Month:** **Day:**

Place of Birth or Mother's Maiden Name:

User Acknowledgement and Signature

It is your responsibility, as an SVMS User, to ensure your password is kept confidential. Your signature below acknowledges that you understand and agree to be bound by the following statements: 1) To not share your password with anyone or ask another user for their password. **2)** To not login anyone else to the SVMS system(s) using your password.

I understand that any inappropriate access to the SVMS system(s) may result in the imposition of sanctions against me, my supervisors and/or my organization that could include loss of use of the SVMS system(s), notice to licensing authorities, and/or civil or criminal penalties.

Submit to SVMS

Date *Full Name* *User Signature (required)*

To be Completed by SacValley MedShare

User Information

Full Name: _____ _____ _____
Last Name *First Name* *M.I.*

Username: _____ **Temporary Password:** _____

Direct Message Address: _____

User Access Setup Completed

- User Acceptance Testing (UAT) Full Access * ☐
- User Acceptance Testing (UAT) Regular Access ☐
- Production System (PROD) Full Access * ☐
- Production System (PROD) Regular Access ☐
- Direct Messaging Address ☐
- Direct Messaging Administration/ Vault Administration ☐
- HIM ☐
- CURES ☐
- Other: _____ ☐

** includes access to Substance Use Disorder and Behavioral Health Data*

SVMS Agent Signature

Date	*Full Name*	*SVMS Agent Signature (required)*