



An SVMS Terminate Portal User Request must be completed for each User whose access to the SVMS HIE via the user portal is to be terminated. This completed form must be electronically mailed to [support@sacvalleyms.org](mailto:support@sacvalleyms.org).

**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.*

**User Access to Terminate**

- User Acceptance Testing (UAT) Access
- Production System (PROD) Access and CURES Access
- Direct Messaging Address
- Other:

**Organizational Contact Signature**

By signing below, I certify that the above listed User’s access to the SVMS System(s) is to be terminated immediately.

<i>Date</i>	<i>Full Name</i>	<i>eMail Address</i>	<i>Point of Contact Signature (required)</i>
_____	_____	_____	_____

**To be Completed by SacValley MedShare**  
**User Information**

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

**Username:**

**Direct Message Address:**

**User Access Termination Completed**

- User Acceptance Testing (UAT) Access
- Production System (PROD) Access and CURES Access
- Direct Messaging Address
- Other:

**SVMS Agent Signature**

<i>Date</i>	<i>Full Name</i>	<i>SVMS Agent Signature (required)</i>
_____	_____	_____