



An SVMS New Portal User Request must be completed for each User who will be accessing the SVMS Analytical Dashboards. User will receive their secured access information by phone or encrypted electronic mail. This completed form must be electronically mailed to support@sacvalleymys.org. Fields outlined in red are required.

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

User Access Requested (must choose at least one)

- County Access default is Population Health Tile Only (data is de-identified)
County Access to PHI includes COVID Tile
Provider Practice Dashboards Patient list may be provided
Hospital Dashboards Patient list may be provided
Payer Dashboards Member list must be provided
Alerts Member or Patient list must be provided
Controlled Substances \*\*
Other:

\*\*DISCLAIMER: When Controlled Substances is chosen, by signing this document, you are authorizing the user listed to have access to the controlled substance dashboard, which contains information that may be deemed extremely sensitive.

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 access, 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.

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

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.

User Signature (required) Full Name Date

**To be Completed by SacValley MedShare**

**User Information**

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

**Member/Patient List Received?**  Yes  No

**Authorized KONZA to Setup User Dashboards?**  Yes  No

**Date Sent to Konza:**

**SVMS Agent Signature**

SVMS Agent Signature (required) Full Name Date

**To be Completed by KONZA**

**User Information**

**Username:**  **Temp Pwd:**

**Member/Patient List Loaded?**  Yes  No

**Date Sent to SVMS:**

**KONZA Agent Signature**

KONZA Agent Signature (required) Full Name (KONZA Agent) Date

**To be Completed by SacValley MedShare**

**User Information**

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

**Username:**  **Temporary Password:**

**User Access Setup Completed**

- County Access *default is Population Health Tile Only (data is de-identified)*  County
- County Access to PHI includes COVID Tile
- Provider Practice Dashboards *Patient list may be provided*
- Hospital Dashboards *Patient list may be provided*
- Payer Dashboards *Member list must be provided*
- Alerts *Member or Patient list must be provided*
- Controlled Substances \*\*
- Other:

**SVMS Agent Signature**

SVMS Agent Signature (required) Full Name Date