SACVALLEY MEDSHARE

An SVMS **Terminate Dashboard User Request** must be completed for each User whose access to the SVMS Dashboard user portal is to be terminated. This completed form must be electronically mailed to 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

- County Access *default is Population Health Tile Only (data is de-identified)* ___*County*___ ☐
- County Access to PHI *includes COVID Tile* ☐
- Provider Practice Dashboards ☐
- Hospital Dashboards ☐
- Payer Dashboards ☐
- Alerts ☐
- Controlled Substances ☐
- Other: _____ ☐

Organizational Contact Signature

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

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

To be Completed by SacValley MedShare

User Information to Terminate

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

Username:

Authorize KONZA to Terminate User? ☐ Yes ☐ No

Date Sent to Konza: _____

SVMS Agent Signature

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

To be Completed by KONZA

User Information to Terminate

Username: _____

User Terminated from Dashboards? ☐ Yes ☐ No

Date Sent to SVMS: _____

KONZA Agent Signature

KONZA Agent Signature (required)	*KONZA AgentFull Name*	*Date*

To be Completed by SacValley MedShare

User Access Termination Completed

Full Name:

Last Name	*First Name*	*M.I.*

Username:

User Access Termination Completed

- County Access *default is Population Health Tile Only (data is de-identified)*   *County* ☐
- County Access to PHI *includes COVID Tile* ☐
- Provider Practice Dashboards ☐
- Hospital Dashboards ☐
- Payer Dashboards ☐
- Alerts ☐
- Controlled Substances ☐
- Other: ☐

SVMS Agent Signature

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