MICROSOFT BUSINESS INTELLIGENCE ACCOUNT REQUEST

Submit Form: Fax: (916) 440-5346 or
Scan and email: cmshelp@dhcs.ca.gov

Questions? Contact the CMS Net Help Desk
(866) 685-8449 or cmshelp@dhcs.ca.gov

This form is to be used by California Children's Services (CCS), Child Health & Disability Prevention (CHDP), and Genetically Handicapped Persons Program (GHPP) to request access to data through Microsoft Business Intelligence for State and local program staff. Fill in the appropriate checkboxes and complete the requested information for all requests. Please type or print legibly and allow time for processing requests.

County/Local Program/Office: ______________________________

Select One	Access	Name (Last, First) and Email	Phone (999)999-9999
☐ Add ☐ Modify ☐ Delete	☐ CCS ☐ CHDP Gateway ☐ GHPP		
☐ Add ☐ Modify ☐ Delete	☐ CCS ☐ CHDP Gateway ☐ GHPP		
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☐ Add ☐ Modify ☐ Delete	☐ CCS ☐ CHDP Gateway ☐ GHPP		
☐ Add ☐ Modify ☐ Delete	☐ CCS ☐ CHDP Gateway ☐ GHPP		

Address: ______________________________

Representative's Name (Print): ______________________________ Phone: ______________

Representative's Name (Signature): ______________________________ Date: ______________

DEPARTMENT OF HEALTH CARE SERVICES COMPUTER FILES RELEASE/ACCESS FOR THE MEDI-CAL, CCS, CHDP, AND CHDP GATEWAY, and GHPP PROGRAMS

CONFIDENTIALITY OATH

As a condition of obtaining access to data and fiscal/reporting records utilized/maintained by the State Department of Health Care Services and its fiscal intermediary, I agree not to:

1. Divulge any information obtained in the course of my assigned duties to unauthorized persons,
2. Publish or otherwise make public any information regarding persons(s) receiving Medi-Cal, CCS, CHDP, or GHPP services such that the persons who received such services are identifiable.

Access to such data shall be limited to state and federal personnel who require the information in the performance of their duties and to others such as local health department CCS/CHDP program staff as may be authorized by the Department of Health Care Services.

I recognize that unauthorized release of confidential information may be subject to civil and criminal sanctions pursuant to the provisions of the Welfare and Institutions Code Section 14100.2.

County/Local Program/Office: ______________________________

Printed Name of Staff	Staff Signature	Date

INSTRUCTIONS

County/Local Program:	The name of the county or local program submitting request.
Select One:	
Add:	Select check box if this request is for account activation.
Modify:	Select check box if this request is for account modification.
Delete:	Select check box if this request is for account deactivation.
Access:	
CCS:	Select check box for access to create/view/modify CCS reports.
CHDP:	Select check box for access to create/view/modify CHDP reports.
GHPP:	Select check box for access to create/view/modify GHPP reports.
Name (Last, First) and Email:	Type user's last name, then user's first name and user's email address.
Phone:	Type user's phone number, including area code (and extension if applicable) in format (999)999-9999.
Address:	Type the work address of the users listed above. Include number, street, suite number, city or town, state, and ZIP code. If more than one location, list the primary work address of the office or use a different form for each address.
Representative's Name (Print):	Type the name of the person submitting request. Representative must be a State ISCD Branch manager, CCS/CMS Administrator, CHDP Director, or CHDP Deputy Director.
Phone:	Type the representative's phone number, including area code (and extension if applicable) in format (999)999-9999.
Representative's Name (Signature):	Signature of representative.
Date:	Date account request was signed by the representative.

County/Local Program:	The name of the county or local program submitting request.
Printed Name of Staff:	Name of user(s) with the "Add" option selected. Each user with the "Add" option selected must be listed.
Staff Signature:	Signature of user(s) with the "Add" option selected. Each user with the "Add" option selected must sign the confidentiality oath.
Date:	Date user(s) with "Add" option selected signed the form.