# ShareCare and Report Folder Access Request Form

**This form is for Community Based Organizations (CBOs) only. Complete one form for each user. A Supervisor must approve all requests prior to submission to Contra Costa Behavioral Health Services.**

**SEND TO:**

For **MENTAL HEALTH**: Provider Services at Provider.Services2@cchealth.org

For **AOD**: AOD Administration at Christopher.Pedraza@cchealth.org or Maria.Ramos@cchealth.org

## I. TYPE OF REQUEST *(Please check below)*

☐ **ShareCare Access**
*(Training is required before ShareCare access can be granted. User will be enrolled as part of this request.)*

☐ **Report Access**
*Report access will be granted to no more than three (3) people per entity. Security requested here is specific to custom ShareCare report available through the VPN, not reports native to ShareCare.*

☐ **Deactivation** *(Please specify below)*
  ☐ ShareCare Access
  ☐ Report Access
  ☐ VPN Access

## II. USER'S INFORMATION *Please check one:*   ☐ New User   ☐ Existing User

| FIRST NAME (LEGAL NAME) | MIDDLE NAME | LAST NAME |
|---|---|---|
| | | |

| TITLE | ACTIVE DIRECTORY USERNAME |
|---|---|
| | |

| PHONE NUMBER | EMAIL ADDRESS |
|---|---|
| | |

| ORGANIZATION | SYSTEM OF CARE (PLEASE SELECT BELOW) |
|---|---|
| | |

For ShareCare Access, complete the following:

a.   User's ShareCare Job Role

b.   ShareCare Training Completed?

c.   Check one of the following:

  ☐ Grant access to ALL Facilities within the Organization (Entity)

  ☐ Grant access to ONLY the Facilities Listed below

| Facility Name | | Facility ID | |
|---|---|---|---|
| Facility Name | | Facility ID | |
| Facility Name | | Facility ID | |
| Facility Name | | Facility ID | |
| Facility Name | | Facility ID | |
| Facility Name | | Facility ID | |
| Facility Name | | Facility ID | |

## III. SUPERVISOR APPROVAL

| USER'S SUPERVISOR   FIRST NAME | LAST NAME |
|---|---|
| SUPERVISOR'S PHONE NUMBER | SUPERVISOR'S EMAIL ADDRESS |
| SUPERVISOR'S SIGNATURE | DATE |

## IV. FOR CONTRA COSTA HEALTH SERVICES USE ONLY

**Select ShareCare Security Group**

- ☐ MH – Look Up Only
- ☐ CBO Clerical (for MH only – AOD CBOs select SUD group)
- ☐ CBO Clinical (for MH only – AOD CBOs select SUD group)
- ☐ CBO Supervisor (for MH only – AOD CBOs select SUD group)
- ☐ AOD – Look Up Only
- ☐ SUD Clerical
- ☐ SUD Clinical
- ☐ SUD Clerical Supervisor
- ☐ SUD Clinical Supervisor