3M™ Health Information Systems (HIS) Dashboards
User Access Request Form

Complete this form to receive your credentials to access your dashboards. A completed form is required for each user.

Please email this completed form to _____ at _____
Name   Email

Please use the subject line "3M Dashboard."

Section I
Date:

Section II — Which kind of user are you? Please check one.
☐ New user   ☐ Existing user updating information   ☐ Existing user requesting deletion

Section III — Please fully complete the below requester or account information.	
Name:	Organization:
Job title or role:	
Street address, city, state, ZIP:	
Phone: Fax: Email:	

> **Your email address will become your user ID. To help ensure that we are continuing to protect our members' information, Select Health is unable to approve access requests for users with publicly available email addresses (e.g., Gmail, Yahoo, Comcast, etc.). Email addresses must be controlled by the group, practice, or hospital provider.**

Signature of requesting user (required):

The 3M™ Health Information System contains information from records protected by federal and state law, including 42 CFR Part 2, which prohibits unauthorized use and disclosure of this information. You shall make no further disclosure of this information without the specific, written, and informed authorization of the individual to whom it pertains, or as otherwise permitted by applicable law. A general authorization for the disclosure of medical or other information is not sufficient for the release of this information. Unauthorized use or disclosure of this information is subject to legal sanctions under applicable federal and state law.

Section IV — Group, practice, or hospital approver information (required) Your request must be approved by a **credentialed network provider**.	
Name:	Title:
Email:	Phone:
Signature of approver (required):	

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Section V — Provide your information.	
Physician/hospital group	Tax ID Name:
	Tax ID:

For Group ID Level Access only — Provide Group ID Information in this area only
(Your Account Executive can provide assistance with this information.)

Group name	Group number	Tax ID number

Section VI — Which dashboards would you like to access?
☐ Select Health HEDIS® dashboard   ☐ Select Health HEDIS®-TIN level dashboard   ☐ PCP/QEP dashboard   ☐ Medical Home dashboard (PPE)   ☐ Shared Savings dashboard

Section VII — Under which role are you requesting access?
☐ Integrated delivery system (IDS)   ☐ Physician group

Section VIII — Do you need single sign-on from NaviNet?
NaviNet user ID:

For internal use only

Section IX — Select Health user access approver (required)	
Name:	Plan name:
Signature of approver:	