COUNTY OF SANTA CLARA
Behavioral Health Services
Supporting Wellness and Recovery

EHR ACCESS & PERFORMING PROVIDER TERM FORM

Today's Date:

Agency Name:

Submitter Name:

Provider Information

Effective date of when provider leaves/left agency:

If Leave of Absence, anticipated return date:

First Name and Last Name:

NPI# (Performing Provider Only):

myAvatar ID:

EHR Access Termination & Term Reason (Check the box for the applicable selection)

- ☐ 1. Non-Performing Provider who no longer works at agency/no longer needs PCNX access
- ☐ 2. Performing Provider who still works at the agency but no longer needs PCNX access
- ☐ 3. Performing Provider who no longer works at agency
- ☐ 4. Performing Provider leaving agency for another CCP
- ☐ 5. Performing Provider leaving the service area
- ☐ 6. Performing Provider is retiring
- ☐ 7. Leave of Absence (LOA)

Send completed form for the specific numbered reasons to the following:

BHSD_EHR_Info@hhs.sccgov.org and BHSDBusinessOffice@hhs.sccgov.org (Reason 1, 2)

BHSDCredentialing@vhp.sccgov.org (Reason 3 -7)