



HEALTH CARE SERVICES AGENCY

NETWORK ACCESS REQUEST FORM

[HTTP://WWW.ACBHCS.ORG/PROVIDERS/FORMS/FORMS.HTM#IS](http://www.acbhcs.org/providers/forms/forms.htm#IS)

This form is used to request network access to the BHCS web portal for the ability of completing and submitting e-forms.

Date Submitted: _____

CONTACT INFORMATION

Contact First Name: _____

Contact Last Name: _____

Organization: _____

Clinic/Program: _____

Contact Phone #: _____

Contact Email: _____

Managers Name for Approval: _____

Managers Email: _____

After completing the form, please fax or email to the IS Support Help Desk

Fax: 510.567.8161 or his@acbhcs.org

To Login to the BHCS Network, Use the following link:

[HTTPS://GO.BHCSPORTAL.ORG/VPN/INDEX.HTML](https://go.bhcsportal.org/vpn/index.html)

INFORMATION SYSTEMS USE ONLY

IS Support, 1900 Embarcadero Cove, 4th Floor, Oakland, Tel (510) 567.8181, Fax (510) 567.8161

Assigned To: _____ Status: _____

Service #: _____ Log #: _____

Date Completed: _____

Notes: _____