

## CSI Assessment Record Data ShareFile Access Request

**Background / Purpose of Form:**

The purpose of this CSI Data Record ShareFile Access Request form is to request access to the monthly CSI Assessment Record Data Reconciliation file. Only individuals granted access to their respective ShareFile folder will have access to their CSI Reconciliation reports. Any changes to the clients listed on the Reconciliation reports must be submitted via the **“CSI INTERIM Assessment Record Data Entry – Outpatient”** eForm.

Date Submitted: \_\_\_\_\_

CONTACT INFORMATION	
Contact Name: _____	
Provider/Organization: _____	Clinic/Program: _____
Phone #: _____	Contact Email: _____
Manager’s Name: _____	Manager’s Email: _____
Manager’s Phone: _____	Manager’s Title: _____
SHAREFILE ACCESS INFORMATION	
ShareFile User’s Name: _____	Title: _____
ShareFile User’s Email: _____	
ShareFile User’s Phone: _____	
<b>(This is the name of the individual requesting access to the CBO ShareFile folder)</b>	
<b>Confidentiality Statement:</b>	
It is the policy of ACBH to maintain confidential information in strict confidence. All users who have access to confidential information are prohibited from disclosing such information in any unauthorized manner. They must use this information only in ways that are consistent with this commitment to confidentiality. Consistent with the principle of “need to know”, it is also incumbent on all who are exposed to confidential information to see that they use only as much of such information as is needed to their job or perform their function.	
I Attest that the User indicated above has read the Confidentiality Statement <input type="checkbox"/> No <input type="checkbox"/> Yes	
Name of Person Attesting: _____	
SHAREFILE APPROVAL STATUS	
Manager Name: _____ Status: _____ Date: _____	

Comments: \_\_\_\_\_

PLEASE EMAIL THE COMPLETED FORM TO: [MARTHA.DIAZ@ACGOV.ORG](mailto:MARTHA.DIAZ@ACGOV.ORG)