

**Targeted Case Management System Request for User ID****E-Mail Forms To:** DHCS-TCM@dhcs.ca.gov

Users with "Local Governmental Agency (LGA) Admin" level may create "LGA User" type accounts. The LGA Coordinator must keep this form on file. All other accounts must be created by Department of Health Care Services (DHCS) (see note below). Once this form is complete, please sign in **blue** ink and return it to the address provided above.

LGA:	<input type="text"/>
Name of User:	<input type="text"/>
Last Four Digits of SSN:	<input type="text"/>
Phone:	<input type="text"/>
E-mail:	<input type="text"/>
User Level:	<input type="radio"/> LGA User <input type="radio"/> LGA Admin <input type="radio"/> DHCS User <input type="radio"/> DHCS Admin <input checked="" type="radio"/> DHCS Accounting
Start Date:	<input type="text"/>
End Date:	<input type="text"/>

As a condition of obtaining access to information concerning data and records used and maintained by the State Department of Health Care Services (DHCS), I,  
\_\_\_\_\_ agree not to divulge, publish, or otherwise make public any information regarding person(s) receiving Medi-Cal services such that the person who received such services are identifiable.

Access to such data shall be limited to Local Governmental Agencies (LGA) and their subcontractors participating in the TCM Program who require the information in the performance of their duties and to such others as may be authorized by the DHCS.

I recognize that unauthorized release of confidential information may make me subject to civil and criminal sanctions pursuant to the provisions of the Welfare and Institutions, Code, Section, 14100.2.

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Signature of TCM User

Date

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Signature of Authorized TCM Coordinator

Date

**DHCS or LGA Administrator Use Only:**

ID Assigned:

Date:

BY: