

CMHCM CIGMMO Access Request

User name: _____

Provider: _____

Supervisor: _____

Type of access requested - select one:

<p>Billing <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option for billing access. Phone training to be provided by Payables team.</i></p>	<p>Clinical <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option if the user is a licensed provider staff who enters documentation for services directly into CIGMMO. Training required and scheduled once credentials verified.</i></p>
<p>PCP/Chart View <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option if the user views consumer charts, trains on person-centered plans (PCP), and/or uploads documents. No formal training provided or required.</i></p>	<p>Clinical Supervisor <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option if the user is a clinical supervisor of provider staff and will view consumer charts and enter consultation notes in CIGMMO. Training required and scheduled once credentials verified.</i></p>
<p>Home Manager <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option if the user enters and manages Specialized Residential documentation and reports in CIGMMO. No formal training provided or required.</i></p>	<p>Direct Care Worker <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option if the user will be entering Specialized Residential documentation in CIGMMO. No formal training provided or required.</i></p>

****A signed CMHCM Computer Use Agreement MUST accompany all access requests****

Please complete the following information for **Clinical staff** requesting access:

Start Date: _____

Professional License: _____

Other Credentials (QBHP, CMHP, QMHP, QIDP): _____

NPI: _____

Degree: (highest achieved – check one)

Physician Medical Bachelor's Degree

Doctorate Associate's Degree

Master's Degree High School Diploma

Please send completed form and signed CMHCM computer use agreement to:
CMHCM Provider Network Team providernetwork@cmhcm.org