

**REQUEST FOR ACCESS
TO THE
CALIFORNIA HEALTHCARE EVENT AND REPORTING TOOL (CalHEART)**

A. Facility Information

Facility Name: _____
Address: _____
City: _____ Zip Code: _____
Facility ID: _____ Or Facility License Number: _____

B. The following individual(s) are authorized to access CalHEART: (attach additional pages for more authorized individuals)

Name: _____
Job Title: _____
Phone #: _____
Email Address: _____

Grant the user CalHEART access to (check all that apply):

- View HAI reports (hospitals only)
- View the facility visits and entity reported incidents reports (includes a history of all ERIs submitted by the facility)
- Report adverse events (not available for all facility types)
- Report PMI breach incidents

Name: _____
Job Title: _____
Phone #: _____
Email Address: _____

Grant the user CalHEART access to (check all that apply):

- View HAI reports (hospitals only)
- View the facility visits and entity reported incidents reports (includes a history of all ERIs submitted by the facility)
- Report adverse events (not available for all facility types)
- Report PMI breach incidents

C. Approval

I approve the above individual(s) to represent my facility to access CalHEART to review my facility's HAI reports, view reported incident and facility visit reports, and to report adverse event or PMI breach incidents on my behalf as checked off above.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

*Scan and submit the completed request form with the signature **and** the separate completed PDF form to: healthcareport@cdph.ca.gov*

Request for Access to the CalHEART System Instructions

Section A – Facility Information

- Name of the facility/provider that will be using CalHEART
- The location of the facility/provider
- The unique facility identifier or license number assigned by Licensing and Certification

Section B – Authorize individual(s) information

- The first name, middle initial and last name of the individual(s) that will access CalHEART.
- The authorized individual's job title
- The authorized individual's contact phone number
- The authorized individual's email address (**NOTE:** *CalHEART will email this individual directly with the unique user identifier, temporary password and instructions on how to complete the initial account setup directly*)
- The type of access the authorized individual(s) will need when using CalHEART.

Section C - Approval

The access request form must be signed by the facility's licensee, administrator, or a facility executive authorizing the individual(s) to represent the facility/provider to use CalHEART.

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All additional questions and inquiries can be directed
to healthcareport@cdph.ca.gov

