

# Data Collection & Reporting (DCR) Behavioral Health Information System (BHIS) Terminate Request Form

**Terminate – DCR access no longer needed; Remove from Partnership Service Coordinator (PSC) Assignment List**

1. Prior to requesting termination of a DCR User, ensure all **ACTIVE partners/clients** are transferred to other staff within your program. **IMPORTANT:** *Termination requests will not be completed by the CYF DCR Support Team for any PSC or DCR User who has active partner/client assignments showing in the DCR system at the time of request.*
2. Complete the following information:

First/Last Name		
Job Title		
Program Name		
Effective Date		
Deactivation Reason	<input type="checkbox"/>	User no longer employed in the organization
	<input type="checkbox"/>	User no longer require access to any of the systems; within BHIS
	<input type="checkbox"/>	Other
<b>Check box to confirm</b>	<input type="checkbox"/>	DCR User / PSC does not have current partners assigned
First/Last Name		
Job Title		
Program Name		
Effective Date		
Deactivation Reason	<input type="checkbox"/>	User no longer employed in the organization
	<input type="checkbox"/>	User no longer require access to any of the systems; within BHIS
	<input type="checkbox"/>	Other
<b>Check box to confirm</b>	<input type="checkbox"/>	DCR User / PSC does not have current partners assigned
First/Last Name		
Job Title		
Program Name		
Effective Date		
Deactivation Reason	<input type="checkbox"/>	User no longer employed in the organization
	<input type="checkbox"/>	User no longer require access to any of the systems; within BHIS
	<input type="checkbox"/>	Other
<b>Check box to confirm</b>	<input type="checkbox"/>	DCR User / PSC does not have current partners assigned
First/Last Name		
Job Title		
Program Name		
Effective Date		
Deactivation Reason	<input type="checkbox"/>	User no longer employed in the organization
	<input type="checkbox"/>	User no longer require access to any of the systems; within BHIS
	<input type="checkbox"/>	Other
<b>Check box to confirm</b>	<input type="checkbox"/>	DCR User / PSC does not have current partners assigned

3. Email the completed form to the CYF DCR Support Team: [BHS.CYF.DCR.Support@sdcounty.ca.gov](mailto:BHS.CYF.DCR.Support@sdcounty.ca.gov). Click the 'Submit' button below to initiate the email process.
4. Unless notified by the CYF DCR Support Team, the request will be processed and completed action should be verified through review of the DCR system by the requesting program within 3-5 business days.

CLEAR

SAVE

SUBMIT