

# Minerva 2.0 Data System Access Request Form

Submit a completed form to your Prevention Manager and [PrevMIS@hca.wa.gov](mailto:PrevMIS@hca.wa.gov).

## User Information

First name

Last name

Email

## Account Information

**Please specify the account(s) in Minerva 2.0 for which access is being requested:**

List all that apply. If you are unsure, please ask your Prevention Manager.

Which HCA DBHR Prevention Manager do you work with?

## Data Share Agreement

A Data Share Agreement with Washington State Health Care Authority (HCA) is required to access Minerva 2.0. If you have not already, review, complete, and sign the "User Agreement on Non-Disclosure of Confidential Information" found within the contract.

**A signed form is required to be completed and kept on file for each person accessing Minerva 2.0.** By checking "acknowledge," I acknowledge that I understand the above statement and attest that a signed form is completed for the person identified in this user request and filed by the contractor.

Acknowledge  Decline

**Thank you!**

Questions? Please email your Prevention Manager.