



Sacramento County Department of Health Services  
Division of Behavioral Health  
QUALITY MANAGEMENT  
SOCIAL SECURITY NUMBER CONSENT FORM

Sacramento County Behavioral Health Plan (BHS) is required to conduct federal exclusion database checks at the time of credentialing and recredentialing providers. This includes querying the Social Security Administration's Death Master File and National Practitioner Data Bank. These two database checks require the provider's Social Security number. Below is a form to authorize the Provider Services Staff of the Sacramento County Behavioral Health Division to use your Social Security number for these two required federal exclusion database checks.

**Section I: Identifying Information**

Provider's Legal Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date Of Birth (MM/DD/YYYY): \_\_\_\_\_ NPI Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Section II: Signature**

I authorize Sacramento County Behavioral Health Quality Management (QM) Unit to use my Social Security Number for purposes of identification when corresponding with the National Practitioner Data Bank and checking the Social Security Administration's Death Master File.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Stamped or Electronic Signature is Not Acceptable)

**This form will only be viewed by QM Credentialing staff and will be destroyed once the initial check is complete.**