

Department of Mental Health Contract Provider Access Request Form

Updated: 3/5/2010

New

Change

Revoke User ID

PART 1 User Information (please print clearly)

**Fields marked with an asterisk (*) must be completed.*

*Last Name _____ *First Name _____ Mid Initial _____
*SSN _____ User ID _____ (User ID Required for
Change or Revoke)
*Email
Address _____

*Provider Name _____
*Phone # _____
*Provider
Number(s) (Primary Provider) _____

Division (check all that apply)

ADA CPS DD

PART 2 Confidentiality Statement

I, the undersigned, a designated representative of the provider named above, understand that the approval and assignment of the requested ID or change enables me to access the Department of Mental Health Information Systems. I understand that Federal and State laws require confidentiality of the Department of Mental Health information and provide penalties for unauthorized access, use, or disclosure of this information. I agree to keep confidential all information made available to me through this access. I also agree not to divulge or share my password with anyone.

I agree to use the information obtained through these systems for purposes directly connected with the administration of a federal/state assisted program which provides assistance in cash or in kind, or services, directly to individuals on the basis of need. I further agree to comply with the policies and procedures established by the Department of Mental Health further governing the access and use of this information.

Violations or disclosures on my part may result in loss of access to the information systems, civil court action, or cancellation of the provider contract with the Missouri Department of Mental Health.

User Signature _____ Date _____
Supervisor Signature _____ Date _____
Local Security Coordinator _____ Date _____

DMH Central Office Use Only

Request Completed by _____ Date _____

Send completed form to ITSD Security Coordinator, DMH Central Office.

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Name _____

PART 3 Production Systems Information

Check all system accesses required and indicate whether access should be Added or Removed.

Add	Remove	System Name	Purpose
		POS - Purchase of Service	payments
		CIMOR – Consumer Information Management, Outcomes & Reporting Training	
		CAFAS - Child & Adolescent Functional Assessment Scale	

PART 4 – Mortality Review

Add	Remove	Role	Description
		Provider Access	This role, scoped to Application Level (Access Users Own Records Only), includes View/Write access to the following sections: Provider Part 1 & 2

ADDITIONAL DATA REQUEST

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Name _____

Instructions for Completing Form

Type of Request

- New = no previous access requested
- Change = current User ID requires name, level, division, or provider change, additional system(s) access or remove system(s) access
- Revoke = current User ID no longer needs access to DMH systems

Part 1 User Information

New Request

- Complete full Name and SSN.
- Check which type of employer
- Complete Provider Name and 7-digit Primary Provider Number for access.
- If access is needed to additional Providers, indicate other Provider Numbers required.
- Check which Division is appropriate for your access.
- SDC Netname must be completed by the local Security Coordinator.

Change Request

- Complete full Name, SSN, and User ID.
- Complete Provider information to be changed, if appropriate.
- Complete Division if changed.

Revoke Request

- Complete full Name, SSN, and User ID of user accesses to be revoked.

Part 2 Confidentiality Statement

- Complete the entire form, read the confidentiality statement, sign the form, and forward it to the local provider or division Security Coordinator for approval.
- Division or Provider Security Coordinator must send the completed form to the DMH Central Office, ITSD Security Coordinator.
- Upon completion of the access request, the ITSD Security Coordinator will sign and date the form.

Part 3 Production Systems Information

Complete this section if access to production systems is being requested. Note that some data accesses require approval from another source prior to ITSD approval. The ITSD Security Coordinator will verify that proper sources have given approval prior to processing the request.

New Request

- Indicate all system accesses required by checking in the Add column.

Change Request

- Indicate system accesses to be Added or Removed by checking in the appropriate column.

Part 4 Mortality Review

Complete this section if access to production systems is being requested. Note that some data accesses require approval from another source prior to ITSD approval. The ITSD Security Coordinator will verify that proper sources have given approval prior to processing the request.

New Request

- * Indicate all system accesses required by checking in the Add column.

Change Request

- * Indicate system accesses to be Added or Removed by checking in the appropriate column.

Additional Data Request

Complete this section to request additional data not listed in previous sections. Written justification is needed.