



# SAMH Database and Application Access Request for SAMHIS, IRAS, FITS and WITS Users

This form should be completed and printed out for signatures. Electronic signatures are not accepted. All information must be completed with the exception of Fax No. and DCF Issued Log-On if not applicable.

### 1. REQUESTER INFORMATION:

Requester's First Name		M.I.	Last Name		Requester's SSN		
Contractor ID (9 digit FEIN) 45-3675836		Contractor/ME Name Broward Behavioral Health Coalition					
Provider ID (9 digit FEIN)		Provider Name					
Region Name SE		Circuit 17	County Broward		If DCF Employee (check one): <input type="checkbox"/> HQ <input type="checkbox"/> Region		
Requester's Phone No. (extension, if applicable) ext.			Requester's Fax No.		Requester's Email		
Requester's Physical Address: Street		City		State	Zip Code		
DCF Issued Log-On (if already assigned):							

### 2. AUTHORIZATION SIGNATURES:

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

Managing Entity Data Liaison Name: Andrew McAllister

Managing Entity Data Liaison Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

SAMH HQ Security Officer Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

### 3. DATABASE SYSTEM(S) TO BE ACCESSED BY THE REQUESTER:

- Carisk Portal:       TANF       DC Aftercare Referral       SANDR (Seclusion Restraint)
- LOCUS       SharePoint       IRAS (Incident Reporting)       Staff ID Add/Edit
- CaLOCUS                   Invoice

### 4. LEVEL AND ROLE OF THE REQUESTER:

	Administrator	Staff
a. SAMHIS Roles (choose one):		
State	<input type="checkbox"/>	<input type="checkbox"/>
Region/Circuit	<input type="checkbox"/>	<input type="checkbox"/>
Contractor	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Contractor/Provider	<input type="checkbox"/>	<input type="checkbox"/>
DC Facility	<input type="checkbox"/>	<input type="checkbox"/>

b. IRAS Roles (choose one):     Viewer     Incident Coordinator

### 5. ACTION REQUESTED:

- Add New User     Deactivate User     Reactivate User     Update User Information

**6. CONFIDENTIALITY AND SECURITY REQUIREMENTS/CERTIFICATIONS:** By my signature, I acknowledge that I am responsible for safeguarding the confidentiality and security of **all** information contained in **any** of the above data systems (Item 3 above) to which I am granted access as required by the following state and federal laws:

- |   |  |
|---|--|
| 42 Code of Federal Regulation Part 2 and Part 142 | 45 Code of Federal Regulation Parts 160 and 164; |
| Section 394.4615, Florida Statutes                | Section 397.501(7), Florida Statutes;            |
| Section 916.107(8), Florida Statutes              | Section 282.318, Florida Statutes                |

I received Security Awareness Training on: \_\_\_\_\_ and HIPAA Training on: \_\_\_\_\_  Certificates Attached

(mm/dd/yyyy) (mm/dd/yyyy)

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

