



AVATAR

SOLANO BEHAVIORAL HEALTH ELECTRONIC HEALTH RECORD USER AUTHORIZATION REQUEST

Date of Request: _____

Avatar Billing ID #: _____
County QI creates in Avatar

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Initial Authorization | <input type="checkbox"/> County Staff |
| <input type="checkbox"/> Change/Update Authorization | <input type="checkbox"/> Contract Staff |
| <input type="checkbox"/> Deactivate Account | <input type="checkbox"/> Training (UAT System) |
| <input type="checkbox"/> Reactivate Account | |

Last Name: _____ First Name: _____ Middle Initial: _____

Job Title: _____ Select one: Administrative/support/non-clinical QI
 Direct service provider/clinical QI

Program Name (where staff works): _____ Phone: _____ - _____ - _____ Ext: _____

RU#: _____ Company/Work E-mail: _____

Program Address (include city & zip): _____

Supervisor's Name: _____ Phone: _____ - _____ - _____ Ext: _____

Supervisor's Email: _____

Additional Email to copy on notice (if applicable): _____

COMPUTER SECURITY AGREEMENT

I understand that as part of my job assignment I will be accessing Avatar using a password that I create. I further understand that the data I access is confidential and will be handled in compliance with all applicable regulations including HIPAA and the California Welfare & Institution § Code 5328 and that I must lock my computer or use a secured screen saver while away from my workstation.

1. I understand that my password is confidential and that I am not authorized to reveal it to anyone or to put it in writing. I understand that breaching this confidentiality may result in disciplinary action.
2. I understand that this password is part of my "electronic signature" and that any system actions taken using it will be presumed to have been entered with my authorization. I further understand that I will be held responsible for these actions. They will be used in evaluating my job performance and may be used as evidence in any disciplinary or legal actions that the County may choose to take if it is determined that my password has been utilized to fraudulently access confidential data.
3. I understand that I have the responsibility to change my password at any time if I suspect that the confidentiality of my current one may have been compromised. I will notify my supervisor/manager in writing if I suspect my password has been compromised.

Employee Signature: _____ Date: _____

***** Remember to attach copy of 1) Acceptable Use Policy, 2) EHR Confidentiality Agreement, 3) Oath of Confidentiality and 4) Privacy and Security Training Acknowledgement *****

Program Supervisor: Approved Denied

Program Supervisor Signature: _____ Date: _____

Send Original MHS Request Form(s) to:
Mental Health Quality Improvement Unit
Attn: QI Mental Health Division
275 Beck Avenue, MS 5-250
Fairfield, CA 94533

Send Original DAS Request Form(s) to:
Substance Abuse Support Staff
Attn: QI Substance Abuse Division
2101 Courage Drive, MS 10-100
Fairfield, CA 94533



**SOLANO BEHAVIORAL HEALTH
ELECTRONIC HEALTH RECORD USER AUTHORIZATION REQUEST**

For SUD Programs: User please complete this section.

For MH Programs: County QI Manager or Representative will complete this page.

Please check appropriate box(es) below:

County MH User Roles:		MH Contractor User Roles:		General User Roles	
<input type="checkbox"/>	HOSPITAL LIAISON	<input type="checkbox"/>	MH CONTRACT CLERICAL	<input type="checkbox"/>	BILLING
<input type="checkbox"/>	MED RECS		Plus select contractor role below:	<input type="checkbox"/>	BILLING MANAGER
<input type="checkbox"/>	MH ADMIN CLERICAL	<input type="checkbox"/>	MHBACS [QI/MGR/SUPE] (Bay Area Community Svcs)	<input type="checkbox"/>	COMPLIANCE
<input type="checkbox"/>	MH ADMINISTRATOR	<input type="checkbox"/>	MHBACSLERICAL (Bay Area Community Svcs)	<input type="checkbox"/>	FISCAL
<input type="checkbox"/>	MH CLINICAL LIC	<input type="checkbox"/>	MHBACSCRT (Bay Area Community Svcs)		
<input type="checkbox"/>	MH CLINICAL REG	<input type="checkbox"/>	MHBACSLIC (Bay Area Community Svcs)		
<input type="checkbox"/>	MH CLINICAL TRAINEE	<input type="checkbox"/>	MHBACSREG (Bay Area Community Svcs)		
<input type="checkbox"/>	MH CLINICAL UNLIC	<input type="checkbox"/>	MHBACSTRAINEE (Bay Area Community Svcs)	<input type="checkbox"/>	County SA User Roles:
<input type="checkbox"/>	MH CLINICAL CLERICAL	<input type="checkbox"/>	MHBACSUNLIC (Bay Area Community Svcs)	<input type="checkbox"/>	MH SA ADMIN (Whole Person Care)
<input type="checkbox"/>	MH INPATIENT	<input type="checkbox"/>	MHABW (A Better Way)	<input type="checkbox"/>	SA AUTH
<input type="checkbox"/>	MH MED ASSIST	<input type="checkbox"/>	MHALDEA (Aldea)	<input type="checkbox"/>	SA CLERICAL
<input type="checkbox"/>	MH MEDICAL	<input type="checkbox"/>	MHCAM (Caminar)	<input type="checkbox"/>	SA CLINICAL
<input type="checkbox"/>	MH MGR SUP	<input type="checkbox"/>	MHCBHI (Crestwood Behavioral Health)	<input type="checkbox"/>	SA MGR SUP
<input type="checkbox"/>	MH MSO	<input type="checkbox"/>	MHCH (Child Haven)	<input type="checkbox"/>	SA MSO
<input type="checkbox"/>	MSO CLAIMING	<input type="checkbox"/>	MHCRHS (Children's Receiving Home Sac)	<input type="checkbox"/>	SA QA
<input type="checkbox"/>	MSO CLERICAL	<input type="checkbox"/>	MHCSUCLERICAL (Exodus)		
<input type="checkbox"/>	MSO CLINICAL	<input type="checkbox"/>	MHCSUCLINICAL (Exodus)		
<input type="checkbox"/>	MSO PROV RELATIONS	<input type="checkbox"/>	MHEDGE (Edgewood)	<input type="checkbox"/>	SA Contractor User Roles:
<input type="checkbox"/>	QI CLERICAL	<input type="checkbox"/>	MHEMQFF (Uplift Families Services)	<input type="checkbox"/>	Clerical Role <input type="checkbox"/> Practitioner Role
<input type="checkbox"/>	QI CLINICAL	<input type="checkbox"/>	MH MILH (Milhous)	<input type="checkbox"/>	SA CONTRACT CLERICAL User role plus
		<input type="checkbox"/>	MHPSYN (Psynergy)	<input type="checkbox"/>	select role below:
		<input type="checkbox"/>	MHRCS (Rebekah Children's Service)	<input type="checkbox"/>	SAANKA (Anka)
		<input type="checkbox"/>	MHREMIV (Remi Vista)	<input type="checkbox"/>	SABIBETT (Various Programs)
Add on roles:		<input type="checkbox"/>	MHRVC (RIO VISTA CARE)	<input type="checkbox"/>	SAGEN (Genesis House)
<input type="checkbox"/>	KTA MGT	<input type="checkbox"/>	MHSCH (Sacramento Children's Home)	<input type="checkbox"/>	SAHP (Healthy Partnerships)
<input type="checkbox"/>	SPECIAL ACCESS	<input type="checkbox"/>	MHSENECA (Seneca)	<input type="checkbox"/>	SAJCOLE (J Cole House)
<input type="checkbox"/>	TX PLAN OVERRIDE	<input type="checkbox"/>	MHSIERRA (Sierra School)	<input type="checkbox"/>	SARVC (Rio Vista Care)
<input type="checkbox"/>	WHOLE PERSON CARE	<input type="checkbox"/>	MHSTAR (Star View Adolescent Center)	<input type="checkbox"/>	SAUJIMA (UJima Family Support Svcs)
		<input type="checkbox"/>	MHSTVIN (St. Vincent's School for Boys)		
		<input type="checkbox"/>	MHSUMMIT (Summitview Child & Family)		
		<input type="checkbox"/>	MHTLC (TLC Child and Family Svcs)		
		<input type="checkbox"/>	MHVICTOR (Victor Treatment Center)		

County QI Manager or Representative to complete this section to approve request for (staff name) _____ :

County QI/Manager Authorization Level:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Audit:	<input type="checkbox"/> Silent Audit OK	<input type="checkbox"/> Full Audit
Data Warehouse Access – County Only	<input type="checkbox"/> Yes	<input type="checkbox"/> No
System Code(s):	<input type="checkbox"/> MH	<input type="checkbox"/> SA <input type="checkbox"/> Both
Staff Scheduling Calendar View – County Only	<input type="checkbox"/> Own only	<input type="checkbox"/> View All <input type="checkbox"/> N/A (no view)
Workflow – Notification Users	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Choose one category if Workflow Notification is Yes:	<input type="checkbox"/> Provider Authorization Request-(SA) SA Authorizers <input type="checkbox"/> MH Users that Cosign - (MH) MH Clinician License <input type="checkbox"/> MH Provider Authorization Request - (MH) QI	
Are all required confidentiality agreements signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (access denied)

County QI/Manager or QI Representative Signature: _____ **Date:** _____

DoIT Avatar Support create account - (Only after QI's signature approval)

User Name:	Notification email sent with Avatar Weblink and instructions for software needed to user, program supervisor & QI.
System Code:	
	IT Tech Initials Verifying Setup Completed: _____
	Date: / /