



COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
IBHIS ACCESS REQUEST FORM
NON-LACDMH WORKFORCE MEMBER EDITION

Applicant	Last Name:	First Name:	Employee ID:
	Payroll Title:	Clinical / Functional Role:	
	Office Address:	Email:	Phone:
	Program Name:	Provider:	Reporting Unit:
Approver	Last Name:	First Name:	Employee ID:
	Payroll Title:	Email:	Phone:
Access Request Type:		New <input type="checkbox"/> Role Change <input type="checkbox"/> Temporary suspension <input type="checkbox"/> Permanent Termination <input type="checkbox"/>	
Privilege Requested:		Effective Date:	Expiration Date:
Validation:	Policy Acknowledgment <input type="checkbox"/> Signed Forms <input type="checkbox"/> Up-to-date HIPAA Training <input type="checkbox"/> Trained to Use IBHIS <input type="checkbox"/>		

By submitting this form, I am verifying that the identified user has received and acknowledged the LAC-DMH Policy 550.04 – Access to Integrated Behavioral Health Information System Using Avatar Electronic Health Record System, signed all agreements attached to this policy, his / her County wide HIPAA awareness trainings are up to date, has been appropriately trained in the use of IBHIS, and will be functioning in a position requiring the identified user roles in IBHIS LIVE production environment which is the level of access to the minimum necessary information needed to perform his / her job functions. I have also verified that this individual has a valid/ unexpired County Identification Badge.

I acknowledge that access to this resource must be renewed annually and will ensure that all required documentation is submitted prior to this request's anniversary date so that the user's access is not impacted. If the action to take is to remove the user's role, then I am verifying that the identified user no longer needs access, is no longer under my authority, and / or has completed all expected work within the IBHIS LIVE production environment for which I am his/her manager.

Approver Signature	Print Name	Date
FOR LACDMH USE ONLY		
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Comments:	

LACDMH Liaison Signature	Print Name	Date Received
LACDMH Local User Administrator Signature	Print Name	Date Completed