Access Forms

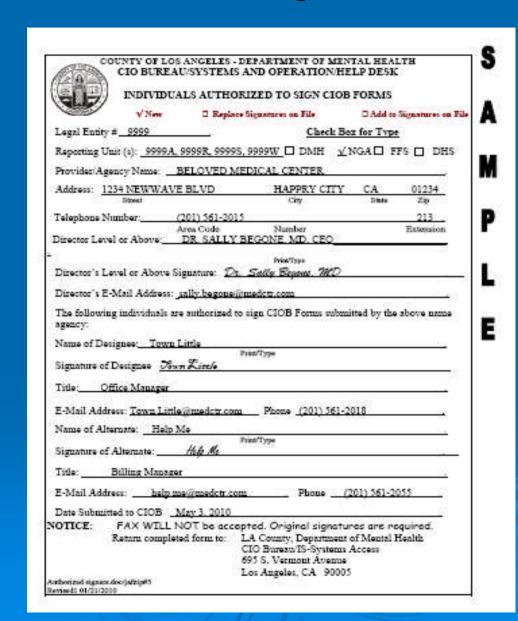
- CIOB/Information Security Division
 - Systems Access Unit

Facilitating Form Processing Individual Authorized To Sign CIOB Forms

- To meet departmental guidelines and other internal controls we require that all forms carry the signature of Program Director level or above.
 - Responsible person i.e. CEO, Program Director, Deputy, etc. May also designate
 additional individuals to sign required forms to authorized access to the Integrated System
 (Data Entry) or permit service delivery staff (rendering provider) association to Legal Entity
 reporting unit (s).
 - Form Link: http://dmh.lacounty.gov/hipaa/documents/Auth%20Sign%20CIOB%20Revised.pdf

Individual Authorized to Sign CIOB Forms

- •This SAMPLE Form indicates required fields.
- •CEO may designate a Designee and an Alternate.



Integrated System Access

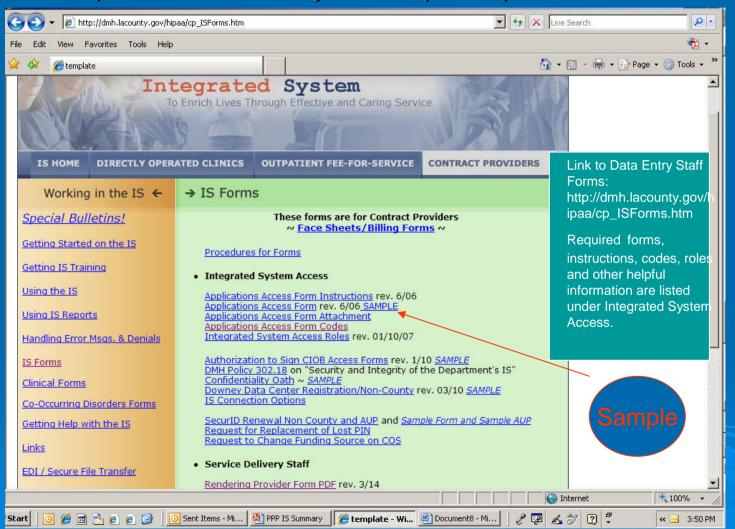
Direct Data Entry and/or Support Staff

Forms Required

- Applications Access (AAF)
 - allows creation of end-user profile in the IS
 - role assignments allow client searches, maintain data, medication, reports, etc.
 - provider number association restricts access to client's information by provider number association.
- RSA SecurID Card
 - Downey Data Center Registration, Contractor (DDCR)
 - Provides a securID card. Initial authentication to permit end-users through the County's Firewall.
 - Agreement For Acceptable Use and Confidentiality of...(AUP)
 - User acknowledgement of confidentiality and violation penalties.
- Submit 3 forms (AAF, DDCR, and AUP) to CIOB/Information Security Division/Systems Access, 695 S. Vermont Ave, 8th Fl, LA 90005
 - Processing time 2 to 3 weeks
 - Mail to Provider or Provider may pick-up Logon Packet
- Confidentiality Oath
 - Maintained by Provider
- To terminated services from a provider location submit an AAF, DDCR and the RSA SecurID Card.

"IS Forms" link

http://dmh.lacounty.info/hipaa/cp_ISForms.htm



Sample Applications Access Form

SUPPORT STAFF Requiring Data Entry Access APPLICATIONS ACCESS FORM COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH CHIEF INFORMATION DEFICE BUREAU REQUEST TYPE Affective State Information Venture C Add Reporting Unit 1/15/1006 (NAME THE DAY Dalata Reporting Writ D. Dalata Rale Disama Change [] Transfer EMPLOYEE STATUS Ε [] Parmariant D.FPS ☐ Pharmecy ZINSA DHE APPLICANT INFORMATION Employee No. (County Only) | Last Name Last 4 Digits of SSN 2 DGB PER OF FRONTS / BUTTON / PPS NEWSTR 09/05 Program Name / Link PSYCH BMERGENCY 1174 NEWBANG BLUD BAPPY CITY NUMBER OF STREET CLM01 CLN02 RPTPROV ROLE SELECT CLASS CODE & AUTHORIZED PROVIDER NO. DAM Provider Fig. 32342 13 MGA Legal Evely No. DHS Perview No. Trumps; **SELECT APPLICATION ACCESS** Day Treatment Authorization STAR [MAL [] Oath of Confidentiality on the at Facility Original Oats Attached with MEDS Request SIGNATURES Signature Date Completed 02/ 02/ 96 CHILD SNOWHRITE SIGNATURE REQUIRED antact Print Name Phone Number 01/25 06 221-256-0113 regree Head (Authorized Designer First Name Date Completed | 02/16 | 06 DR. SALLY SEGONE SIGNATURE REQUIRED FOR CIOB USE ONLY HEAT Call Ticket Processed By Date Correlated Having problems filling out this form? call CICI-februsis at 213-581-1358 Please return to: Decartment of Montal Health DIOG - Systems Access. 6th Ft This Form may also be accessed at: http://drehvepfarms 695 S. Vernort Ave. (*) Please use Plant MH1003 for additional location. Los Angeles, CA 90006

Applications Access

profile in the IS

provider number

provider number

association.

•User

or designee

allows creation of end-user

role assignments allow

client searches, maintain

data, medication, reports,

association restricts access

Required Signatures:

Authorized Manager

to client's information by

(AAF)

etc.

Form #1
Data Entry Staff

Blank form can be downloaded from the IS link.

This Sample indicates required Information: (All fields)

Downey Data Center Registration Form

[A T D]	DOV	COUNTY OF			s s	AMPLE
inner more			actors/Vend			
PROFILE INFORMA		type completing			Mary her sides	ALCOHOLD COMMON
(1) DATE OF REQUEST (2) 1 7/15/2010	YPE OF REQUEST (C	heck One) REPLAC	E LOST/STO	LEN SECUREID TO	KEN (3) CONTR	ACT OR VENDOR NUMBER
(4) LAST NAME, FIRST NAME M		ID CHANGE LOGO	ON ID ACCES	(5) E-MAIL ADDR	SON ID	
(6) COMPANY/ORGANIZATION I	NEVERWRONG	G, SAMPLE A.		S	NEVERWRONG	PLENT.COM
	PLENTY			(7) COORDINATI	ng la county de HEALTH - #-	PARYMENT NAME / NUMBER
(8) WORK MAILING ADDRESS (1	TREET, CITY, STATE	Cherry Blos	07		(9) WOR	PHONE NUMBER
IBM DATA CENTER	ACCESS CO	mplete each area	SOIII, CF	90021	213	201-2000
(10) LOGON ID	(11) 2-DIGIT	MAJOR GROUP CODE HQ	(12) 2-DI	OT ACCESS, AS DE BIT LSO GROUP CODE IH	ined by L.A. C	ounty management
TSO ACCESS — oh	eck box and compl	lete for required acces	s. as defined	by L.A. County man	tanoment Actorie	re on antianal data
(10) 2 OLGH TO GRA CODE	(14) SUB-GROUP 1	(15) SUB-GRO	UP 2 *	(16) SUB-GROUP 3		
ONLINE ACCESS - (17) SYSTEM APPLICATION IS	Check box and co	omplete for required at AME / NATURAL PROFILE	(19) OLD (ined by County man RP/NATURAL PROFIL	E* DMWJANAPS A	ks are optional data. PPLIATION COORDINATORS <u>ONLY</u>
					DMV SYSTEM CO	DE:
					JAI SYSYEM LOC	ATION:
UNIX ENVIRONMENT	ACCESS c	omplete for requir	ed access	, as defined by I	L.A. County ma	nagement.
(20) TYPE OF REQUEST (Check One)	☐ ADD NEW I	LOGON ID CH	ANGE LOGO	N ID ACCESS	DELETE LO	
(21) LOGON ID	(22) APPLIC	ATION	1			
			(23) ACC	ESS GROUP	(24) ACC	OUNT NUMBER
SECURID REMOTE AC	CESS compl	oto as defined by				
SECURID REMOTE AC (25) BILLING ACCOUNT NUM				y mgnt., e mail :		ired, see box #5
(25) BILLING ACCOUNT NUM				y mgnt., e mail :	address is requ	ired, see box #5
(25) BILLING ACCOUNT NUR VPN SECURITY STATEMENT	IBER for SecurID T	oken:	L.A. Count	y mgnt., e mail	address is requ	ifred, see box #5
(25) BILLING ACCOUNT MUR. VPN SECURITY STATEMENT Before connecting to the Co- security) and service nacks.	ISER for SecuriD T unty network you m A Firewall, either a h	oken:	L.A. Count	y mgnt., e mail . (26) DE	address is requ	ired, see box #5
(25) BILLING ACCOUNT NUR VPN SECURITY STATEMENT	ISER for SecuriD T unty network you m A Firewall, either a h	oken:	L.A. Count	y mgnt., e mail . (26) DE	address is requ	ired, see box #5
(25) BILLING ACCOUNT NUR VPN SECURITY STATEMENT Before connecting to the Co security) and service packs. (OSL, ISDN, cable modern, et	IBER for SecuriD T unty network you m A Firewall, either a h c.). You agree not t	oken: sust install anti-virus solardware firewall or person share your logon id, p	L.A. Counti	y mgnt., e mail	address is requ	ired, see box #5
(25) BILLING ACCOUNT NUR VPN SECURITY STATEMENT Before connecting to the Co- security) and service packs. (OSL, ISON, cable modern, et	unty network you m A Firewall, either a h a.). You agree not to	sust install anti-virus sol sardware firewell or pers to share your logon id, p if you are requestin	ilware, and stonal firewall sassword and s	y mgnt., e mail	address is requ	ired, see box #5
(25) BILLING ACCOUNT NUM VPN SECURITY STATEMENT Before connecting to the Co- security and service packs, (DSL, ISDN, cable modem, et WIRELESS ACCESS SIGNATURES cach	IRER for SecurID T unty network you m A Firewall, either a h c.). You agree not to 6 Check the box Signature entry	ust install anti-virus sol ardware firewall or pers to share your logen id, p if you are requestin y must be complet	Name, and stonal firewall season of and S	y mgnt., e mail (26) DE zy up-to-date with d offware, is required for securiD passcode with access. APPLIC	address is required. VICE TYPE: KEY in the semillions, Microsoft or those using broad th others. CATION:	patches (critical and liberal Internet access
(25) BILLING ACCOUNT NUM VPN SECURITY STATEMENT Before connecting to the Co- sociality and service packs. (OSL, ISON, exible modern. WIRELESS ACCESS SIGNATURES each Your sign	unty network you m A Firewall, either a h ic.). You agree not t & Check the box Signature entra	sust install anti-virus sol sardware firewell or pers to share your logon id, p if you are requestin	Name, and stonal firewall season of and S	y mgnt., e mail (26) DE zy up-to-date with d offware, is required for securiD passcode with access. APPLIC	address is required. VICE TYPE: KEY in the semillions, Microsoft or those using broad th others. CATION:	patches (critical and liberal Internet access
(25) BILLING ACCOUNT NUM VPN SECURITY STATEMENT Before connecting to the Co- security and service packs, (DSL, ISDN, cable modem, et WIRELESS ACCESS SIGNATURES cach	unty network you m A Firewall, either a h ic.). You agree not t & Check the box Signature entra	ust install anti-virus sol ardware firewall or pers to share your logen id, p if you are requestin y must be complet	Name, and stonal firewall season of and S	y mgnt., e mail (26) DE zy up-to-date with d offware, is required for securiD passcode with access. APPLIC	address is required. VICE TYPE: KEY in the semillions, Microsoft or those using broad th others. CATION:	patches (critical and liberal Internet access
(25) BILLING ACCOUNT NUIL VPN SECURITY STATEMENT Before connecting to the Co- security) and service packs. WIRELESS ACCESS SIGNATURES CONTROL OF SIGNATURES (27) CUSTOMER'S SIGNATURE	ISER for SecuriD I unty network you m A Firewall, either a h A. You agree not t Check the box Signature entry sature indicates t RE:	ust install anti-virus sol lardware firewall or pers o share your logen ki, p. if you are requestin y must be complet that you have read a	twere, and stonal firewall is assword and S g wireless a ed in full.	(26) DE y up-to-date with d ground access. APPLIC apply with the abort	address is required to the second of the sec	patches (critical and band Internet access
(25) BILLING ACCOUNT NUIL VPN SECURITY STATEMENT Before connecting to the Co security and service product. WIRELESS ACCESS SIGNATURES COLOR YOUR SIGNATURES (27) CUSTOMER'S SIGNATURE (28) GOUNTY CEPARTMENT IMMA LELLING TO THE STATEMENT IMMA LELING TO THE STATEMENT IMMA LELLING TO THE STATEMENT IMMA LELING TO THE STA	ISER for SecuriD T unty network you m A Firewall, either a h A Firewall, either a h Check the box Signature entr seture indicates t RE: QPER'S SIGNATURE	ust install anti-virus sol hardware firewall or pers os share your logan ki, p. if you are requestin y must be complet that you have read a	hwere, and stonell firewell seasoned and g wireless a ed in full. and will corrust (30) Frant (30)	(26) DE Ey up-to-date with d offware, is required fi access. APPLIC TOUNTY DEPARTMENT FOUNTY DEPARTMENT	address is required to the second of the second or these using breath others. CATION: TAMPAGERS NAME ATTAMPAGERS NAME	patches (critical and liberal Internet access
(25) BILLING ACCOUNT NUIL VPN SECURITY STATEMENT Security STATEMENT Security and service packs. WIRELESS ACCESS SIGNATURES each Your sign (27) CUSTOMER'S SIGNATU DEPARTIJENT JAMAN 23) GOUNTY DEPARTIJENT JAMAN 23) GOUNTY DEPARTIJENT JAMAN	ISER for SecuriD T unty network you m A Firewall, either a h A Firewall, either a h Check the box Signature entr seture indicates t RE: QPER'S SIGNATURE	ust install anti-virus sol control and control and con	hware, and stonal firewall si assured and 8 g wireless a ed in full. (30) Fixer (34) Fixer (34) Fixer (34) Fixer (34)	y mgnt. e mail. (26) DE by up-to-date with d officials. Is required fi access. APPLIC TOUNTY DEPARTMENT N. DEHEAT. N. B. NEHEAT. N. BELAGION CO.	address is required by the sentitions, Microsoft or those using broath others. ATION: ATION: ATIMAMAGER'S NAME VEN ORDINATOR'S NAME	patches (critical and band Internet access
(25) BILLING ACCOUNT NUIL VPN SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT WIRELESS ACCESS SIGNATURES COLOR SIGNATURES COLO	unty network you m A Firewall, either a h A Firewall, either a h Check the box Signature entresture indicates t RE: OR'S SIGNATURE	ust install enti-virus each content of the content	twere, and stonel frowell is assword and S g wireless a ed in full. and will correct (30) prior (31) prior (34) PRINT (35)	y mgnt e mail . (26) DE y up-to-date with d offware, is required fi security passorde wi access. APPLIC apply with the above If COUNTY DEPARTMENT IN B. NEHEA IN B. NEHEA JOYCE D JOYCE A	address is required to the second of the security states of the secu	patches (critical and band Internet access ement. (31) DATE 7/15/2010 (36) DATE
(25) BILLING ACCOUNT NUIL VPN SECURITY STATEMENT Before connecting to the Co security and service product. WIRELESS ACCESS SIGNATURES COLOR YOUR SIGNATURES (27) CUSTOMER'S SIGNATURE (28) GOUNTY CEPARTMENT IMMA LELLING TO THE STATEMENT IMMA LELING TO THE STATEMENT IMMA LELLING TO THE STATEMENT IMMA LELING TO THE STA	unty network you m A Firewall, either a h A Firewall, either a h Check the box Signature entresture indicates t RE: OR'S SIGNATURE	ust install enti-virus each content of the content	twere, and stonel frowell is assword and S g wireless a ed in full. and will correct (30) prior (31) prior (34) PRINT (35)	y mgnt e mail . (26) DE y up-to-date with d offware, is required fi security passorde wi access. APPLIC apply with the above If COUNTY DEPARTMENT IN B. NEHEA IN B. NEHEA JOYCE D JOYCE A	address is required to the second of the security states of the secu	patches (critical and band Internet access ement. (31) DATE 7/15/2010 (36) DATE
(25) BILLING ACCOUNT NUIL VPD SECURITY STATEMENT Before connecting to the Co security) and service peace. WIRELESS ACCESS SIGNATURES CAPT YOUR Sign (27) CUSTOMER'S SIGNATURE (28) SOLARP DEPARTMENT MANA 23) SOLARP DEPARTMENT MANA 25) SOLARP DEATHON CORROBAT NOTE: If submitting a PE PDF AUTHORIZED MANA	unty network you man A Firewall, either a high Young you man A Firewall, either a high Young you want	ust install enti-virus each content of the content	L.A. County Invene, and standard conditions of the county assword and 8 g wireless a color full. (30) plan (31) plan (34) PRINT (35) be completed.	y mgnt e mail . (26) DE y up-to-date with d offware, is required fi security passorde wi access. APPLIC apply with the above If COUNTY DEPARTMENT IN B. NEHEA IN B. NEHEA JOYCE D JOYCE A	address is required. MICE TYPE: KEY I MICE TYPE: KEY I MICHAEL SHOW I MICH	patches (critical and diband Internet access (31) DATE 7/15/2010 (35) DATE st.
(25) BILLING ACCOUNT NUIL VPN SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT WIRELESS ACCESS SIGNATURES COSTOMER'S SIGNATURES (27) CUSTOMER'S SIGNATURE (28) GOUNTY DEPARTMENT WAN ACCESS NOTE: If submitting a PE PDF AUTHORIZED MANA NAME (Print)	unty network you man A Firewall, either a A Firewall, either a Check the box Signature entreature indicates the Cors signature entreature indicates the Cors signature entreature indicates the Entreature indicates the En	vat install anti-virus ed anti	hwere, and stonal firewall a season of and to get with the complete of the com	y mgnt e mail (26) DE by up-to-date with d offware, is required fi security passorde wi access. APPLIC TOURNY DEPARTMENT IN B. NEHEA IN B. NEHEA TOURNY DEPARTMENT AND B. NEHEA TOURNY DEPARTMENT TOURNY DEPAR	address is required to the second of the sec	patches (critical and diband Internet access (31) DATE 7/15/2010 (36) DATE st.
(25) BILLING ACCOUNT NUIL VPN SECURITY STATEMENT Before connecting to the Co- security) and service peaks. WIRELESS ACCESS SIGNATURES COLOR YOUR SIGNATURES 23) SOMEPILATION COMMAN NOTE: If submitting a PE PDF AUTHORIZED MANA NAME (Print) by signature above, effourity by signature above, effourity	unby network you man a Firewall, either a bit of Firewall, either a bit of Check the box signature entreature indicates the company of the co	ust install anti-virus sold control of the control of the complete that you have read at 213-201-20 (35) PHONE # 213-251-13; Y, this section must	hwere, and stonal firewall as assword and to g wireless a ed in full and will corrupt to the complete to the c	y mgnt. e mail. (26) DE by up-to-date with d offwere, is required fr occurry presented and access. APPLIC TOUNTY DEPARTMENT TOUNTY DEPARTMEN	address is required to the second of these using broad in clinical and the second of these using broad in clinical and the second of these using broad in clinical and the second of the	patches (critical and them of Internet access terms). (31) DATE 7/15/2010 (39) DATE st.
(25) BILLING ACCOUNT NUIL VPN SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT BETOP CONSIDER WIRELESS ACCESS SIGNATURES COLOR SI	unty network you man A Firewall, either a bit of A Firewall, upon a firewall either a bit of A Firewall, upon a firewall either a bit of A Firewall, upon a firewall either a	ust install enti-virus and control of the control o	hwere, and standard frewell a constitution of the complete	y mgnt c mail. (26) DE by up-to-date with d offware, is required in occurs passoode will access. APPLIC TOUNTY DEPARTMENT TOUNTY TOU	address is required to the second of the sec	patches (critical and them of Internet access terms). (31) DATE 7/15/2010 (39) DATE st.
(25) BILLING ACCOUNT NUIL VPN SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT SECURITY STATEMENT BETOP CONSIDER WIRELESS ACCESS SIGNATURES COLUMN	unty network you man A Firewall, either a har A Firewall either a	colon: ust install anti-virus and control of the colonia of the c	twere, and stonal firewall a cassword and to get with the cassword and the case with the ca	y mgnt c mail. (26) DE y up-to-date with d offware, is required in access. APPLIC COUNTY DEPARTMENT IN B. NEHEA TOUNTY DEPARTMENT IN B. NEHEA TOUNTY DEPARTMENT AUTHORIZED JOYCE AUTHORIZED JRE: the original form on the Net original form o	address is required to the second of the sec	patches (critical and them of Internet access terms). (31) DATE 7/15/2010 (39) DATE st.

Form #2
Data Entry Staff

Downey Data Center Registration, Contractor

- •Provides a securID card. Initial authentication to permit end-users through the County's Firewall
- •Form must be signed by both the data entry staff (Field 27) and the authorized manager/designee (Field 28).

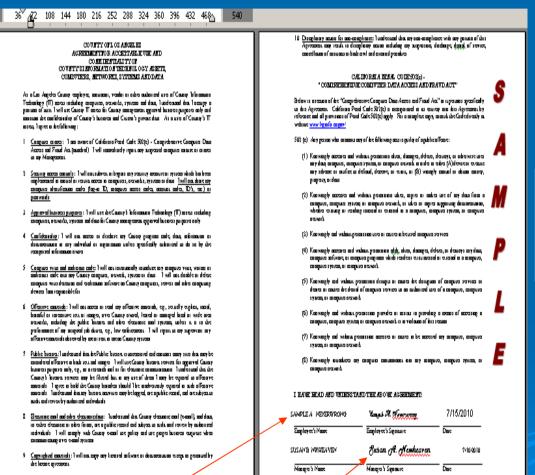
Please Do Not sign (Field 32)

Agreement For Acceptable Use and Confidentiality of...(AUP)

AUP

•User acknowledgement of confidentiality and violation penalties.

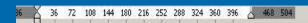
SAMPLE page (page 2) demonstrates that both the data enter staff (user) and authorized manager or designee signature are required.



Form #3 Data Entry Staff

Data entry staff (user) and authorized manager or designee must sign this form.

Confidentiality Oath







COUNTY OF LOS ANCELES - INTAKTMENT OF MENTAL HEALTE C10 B UNEAU Anton or or or or security Systems Acres Unit

CONFIDENTIALITY OATH

The intent of this Confidentiality Form is to assum that all County, Contractor, Pharmacy, Mon-Govarnmental Agency (MGA), and Fise-For Service (FFF) Metwork Provides amplyees an avenue of their merous biblides and accounts bibly to protect the confidentiality of clients' sear time information viewed, maintained and/or accessed by the 18 or line systems.

Further, the Department's Medi-Cal and MEDS access policy has been established in accordance with Redecaland State laws governing confidentiality.

Walfam and Institutions (W&I) Code, Section 14100.2, cine the information to be in guided confidential. This information includes applicant/baseficing names, addresses, services provided, social and accommis conditions or circumstances, against sucharbon of personal information, and medical data. (See also 22 California Code of Regulation (CCEA) Sections 20111 and 11009.)

The Madi-Cal Flightlity Manual Section 2-H, titled "Confidentiality of Madi-Cal Case Records," informing to Section 14100 2, a, b, f, and h, WSI Code, provides in partitles:

- "(a) All type of information, whether written or onl, consuming a peron, made or kept by any public office or agency in connection with the administration of any provision of the chapter. All the confidential and shall not be open to examination other than for purpose directly connected with administration of the Made Cal program."
- "(b) Except as provided in this section and to the artest permitted by Rederal Law or mynthing all information about applicants and moriments as provided for in enddindrien (a) to be east quantiled include, but is not limited to names and addresses, medical actuies provided, coral and accommic conditions or circumstances, against studentian or personal information, and medical date, including diagnosis and part his try of disease or disability."
- "(f) Require agant of the State to abide by rules and regulation governing the custody, we and preservation of all records pertaining to administration of the Medi-Cal Program."
- "(h) State "any panon who knowingly mharts or possesses confidential information constraint panons who have applied for or who have been granted my form of Medical banefit. for which State or Richarl funds am made available in violation of this section is guilty of a michimeant."

Please read the agreement and take due time to consider it prior to signing.

I understand County, Contractor, Pharmany, NGA, and FFE employees are prohibited from charing their unique Logent D. and tass word with co-worker or other agencies.

Further, I under that County, Contractor, Pharmany, MGA, and FFS ampleyers an possible from obtaining makering or using confidential client information from care mounds or compute monois for purposes not specifically maked to the administration of services and authorized by the 5th Welfism and his timbors Code (Section 14100 2).

Further, I understand violation of confidentiality of moords or of these policies which are made for protection of confidentiality, may cause:

- A circl action under the provision of the Welfam and Institutions Code Section 1330 or of Chapter 3 (commencing with Section 4330) of Part 1 of Dinision+, for the greater of the following amount:
 - 1.) Inn the ward Dollars (\$10,000)
- Ilms times the amount of actual damage, if any switched by the plaintiff.
- 2. Disciplinary action including suspens ion or termination of employment.

Further, I understand that the County will not provide highly protection if violations of these policies or procedures occur.

I has by cartify that I have mad the form and the Department of Mantal Health Policy on Security and Integrity of Management Information System Date. I have incowhedge of the negrotions:

I, the undersigned, hereby agree not to disulge any information or records concerning any clientipatient without proper authorization in accordance with California Welfare and Institutions Code, Section 5328, et seq.

Usar's Nama :	CHILD SHOWWHITE	Chii	ld Snowwh	ite
Employee #:	Piers W/	213) 200-200	September 0 Ext.	50
		115) 100-100	<u> </u>	
Photococy, FFS,	rascry, FFS, NGA Capal Essury No. or			
Provider #:	1234A Provider Name: F	LENIY Ment	al Health Study	
Addmes:	2345 Happy Street	/ Chang	Blossom	/ 90021
D6			1	
Service Area:	3	Data:	3/14/2007	
CIOB USE OF	LLY.		TOTAL TRANS	
Approved By:			Data:	
	LEDI CODERNO DE			100

Form #4 Data Entry Staff Maintain By Provider

Data Entry staff (User) must agree to established measures to safeguard sensitive and confidential data (PHI).

Provider must maintain this form in an office file and must be made available during audits and/or investigations.

Rendering Provider

Service Delivery Provider

- The Rendering Provider Form must be completed for all clinical staff members who are new or are not on the Integrated System. Rendering Provider must be associated at a provider location for claim submission purposes.
- > This form is to authorizes association and is also to be used for clinical staff that have terminated services from a provider location or to update information, i.e., name change, license renewal, taxonomy, reporting unit effective date, or expiration dates.
- > When completing this form, please refer to the following guidelines:
 - The original form must be completed in its entirety (if applicable), with the required signature. Fax, photocopy and/or e-mail forms are not acceptable.
 - All information must be current upon submission of this form.
 - Be sure all fields are completed accurately and appropriately to avoid delay in the processing
 of a request.
 - Forms, instructions, taxonomy codes (discipline codes), etc are posted on the Integrated Systems website at: http://dmh.lacounty.gov/hipaa/cp_ISForms.htm

Rendering Provider

Service Delivery Provider

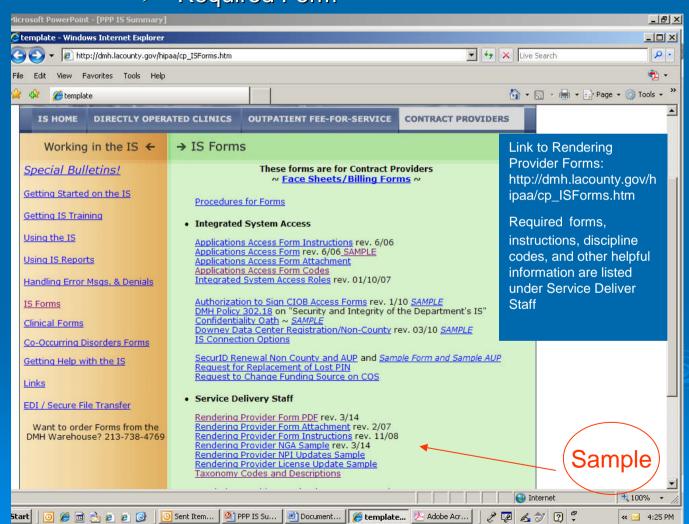
Required Form

Required

- •Rendering Provider Form
- Critical Information

Rendering Provider Form Instructions

- •Taxonomy Codes and Description
- Authorized signer
 - •No "on behalf of" signatures



Rendering Provider Sample Form

Missing information will delay processing

Authorized Manager or designee signature is required

•No "on behalf of" signatures

	Request Type
test Date 0 4 1 1 0 7	New Update No. of Update Updat
	General Information
Last Name: PEACEMAKER	Select CASH Classcode:
Fire Name: NOEL	Processes:
Made into S Sec. M IF	Desiry Provisions
lulululala)	Non-Governmental Agency (DMH Contracted)
Centerial Start Code	1 3 LE Name: HAVEN MH ASSOC.
FFS ind Prov No.	
SSN (Lent 4 crity) 0 2 0 2	FFS individual FFS Group FFS Org
Language Code 0 1	J @FSories
	oresut & Austigned Location Information
Contact name: JANE NEWBERRY	Contact Email: jnewberry@sample.net
Contact phone in c. (211) 256-0123	Contact Fax No: (211) 2561430
Date 0 14 11 1 0 7 Termination Date Name of Organization: HAVEN MENTAL HE	
Address: 4231 NEW ATTITUDE BLVD	City: RAGE TOWN 29: 02345
Description: PHYSICIAN, PSYCHIARTY	Taponamy 2 0 8 4 P 0 8 0 0 X
Description: PHYSICIAN, PSYCHIARTY Professional C 1 D 2 3 8 9 License # C 1 D 2 3 8 9	1
Description: PHYSICIAN, PSYCHIARTY Professional C 1 D 2 3 8 9 License # Professional C C C C C C C License # C C C C C C C License # C C C License # C C C C License #	1
Description: PHYSICIAN, PSYCHIARTY Professional C 1 D 2 3 8 9 License # Control Control	
Description: PHYSICIAN PSYCHIARTY Professional Literas (C 1 0 2 3 8 9 Description: Professional Literas (C 1 0 2 3 8 9 Description: Description: Description:	
Description: PHYSICIAN, PSYCHIARTY Professional C 1 D 2 3 8 9 Description: Professional	
Description: PHYSICIAN PSYCHIARTY Professional Licenses C 1 0 2 3 8 9 Description: Professional Licenses C 0 0 0 0 0 Discription: OCA B B 2 2 2 2 2 Medicare Provides Medicare Provides	

Rendering
Provider Form is
required to allow
Providers to
submit claims for
client's services.

Rendering Provider Form

Submission Method

- Hard copy fillable form posted at http://www.lacounty.gov/hipaa/cp_ISForms.htm
- 2. Automation online completion and submission
 - Submit "Individual Authorized to Sign CIOB Form"
 - Provider sent automation link and instructions
 - Benefits
 - "Go Green" Save paper, ink, postal stamps, etc
 - Receipt confirmation
 - Timely processing and notification
 - Minimal incorrect form submission. Form designed according to Request Type.



Getting Help

Contact CIOB/Help Desk at 213-351-1335 to reach a member of the Systems Access Unit team.