

eConsult User Account Application Form

ALL sections MUST be completed and typed in.

Forms NOT TYPED will be REJECTED and returned to the requestor

New Account: **Deactivate Account:** **Change Account:** **Reason for Change** (please indicate in below):

First, Last Name:

DHS/DPH/DMH Only:

Employee # (include "e"/"c"):

Title:

(e.g., PCP, MD, DDS, NP, PA, DPM, etc.)

Phone Number:

Email Address (es):

(If DHS employee you must enter your DHS email. Up to 2 emails can be added)

Supervisor

(Name)

(Email Address)

User Role:

Submitter: (PCP, MD, DDS, NP, PA, DPM, etc.)

NPI #:

(submitters must provide 10-digit NPI#)

Staff: Draft/initiate/edit before submission. A non-submitter (RN, LVN, NA, CMA, Referral Staff)

View/Print: View/search drafted and submitted, appointment and print office copies. No initiating, drafting, editing or submitting

Other:

(Org Admin, LRC, etc.)

DHS/DPH/DMH ONLY:

DHS facility you are requesting access from: (LAC+USC, Harbor, OVMC, etc):

Clinic(s) (Pediatrics, Adult, Cardiology, etc):

MHLA/Community Partners ONLY:

Organization Name:

Name of Site(s):

Please indicate any specific details the DHS eConsult Team needs to be aware of:

Please "save as" and send typed form to Helpdesk@dhs.lacounty.gov. Allow 10 days for processing

FOR DHS eConsult USE ONLY

Request Received on: _____ Request submitted by: _____ CACTUS #: _____

Notes: _____