



eConsult User Account Application Form

ALL sections MUST be completed and typed in.
Forms NOT TYPED will be REJECTED and returned to the requestor

Date: _____ New Account: _____ Change Account: _____ Deactivate Account: _____

First, Middle, Last Name: _____ DHS/DPH Only: Employee # (include "e"/"c"): _____

Title: _____ Phone Number: _____
(e.g., PCP, MD, DDS, NP, PA, DPM, etc.)

Email Address (es): _____
(If DHS employee you must enter your DHS email. Up to 2 emails can be added)

Supervisor _____
(Name) (Email Address)

Trainee Acct: Program Director Name: _____ Program End Date: _____

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 ONLY:

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

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

If you are from an MHLA/community Partner, use this form only for requesting OrgAdmin privileges be added to new or current users. All new non-OrgAdmin accounts must be submitted by the agency/site OrgAdmin thru the eConsult application platform.

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: _____