

Database Access Request Form Instructions

NOTE: Please be sure your provider agency is in the SAMH and/or IRAS provider database prior to submitting a request for individual access to those databases. Please contact Sherry Catledge at sherry_catledge@dcf.state.fl.us if you need a New Facility Registration Form to be added to the provider databases. Thank you!!

□ REQUESTER INFORMATION:

1. Insert First Name, Middle Initial and Last Name of individual requesting access.
2. Insert Social Security Number (SSN). The disclosure of an individual's SSN is required by the Department as indicated on Form CF 114, which everyone must read and sign. You may zip and password protect your forms, and send the password in a separate email, or you may call your Data Liaison with your SSN after submission of your forms. All forms are shredded by SAMH Headquarters after processing.
3. Insert Contractor ID: Federal ID Tax Number (9 digits) if your agency holds a contract with Substance Abuse and Mental Health (SAMH) and Contractor Name as indicated on the contract. If subcontracted with a Managing Entity, put the ME's federal tax ID number and name. If private, licensed substance abuse provider, leave blank.
4. Insert Provider ID: Federal Tax ID Number (9 digits) if your agency is subcontracted with a Managing Entity, is a private, licensed, non-contracted Substance Abuse provider, or freestanding psychiatric hospital.

If the requester works in a community provider agency or in a state hospital, the Provider ID must be the same as the one used for reporting client data in the SAMHIS data system.

For DCF staff in Headquarters, Circuit or Regional Offices, leave both the Contractor ID and Provider ID blank.

5. Insert Region name, the numerical Judicial Circuit code, and the name of County where site is located
6. Insert Phone number complete with area code
7. Insert Fax number and Work Email address. If you are applying for IRAS access, you must be the only person with access to the email address, or all persons with access to the email address must request and be approved for IRAS access.
8. Insert Agency Mailing Address: Must reflect the business location of the requestor.
9. If the requestor already has a 7 digit alpha-numeric Department issued logon, please provide it.

□ AUTHORIZATION SIGNATURES:

10. Supervisor's Name must be typed or printed on the form followed by Supervisor's Signature and Date. If you do not have a Supervisor and are the agency Director or CEO, please put N/A next to the Supervisor's Name.
11. Individual requesting access must type the SAMH Data Liaison/Regional Security Officer name on the form and then submit to the SAMH Circuit/Regional office for signature if in Circuits 3, 4, 5, 7, 8, 9 or 18. If subcontracted with an ME, send to the ME Data Liaison. If private, licensed substance abuse provider in circuits not listed above, leave blank.
12. HQ Security Officer signature is for Office use only.

□ **DATABASE SYSTEM(S) TO BE ACCESSED BY THE REQUESTER:**

13. Indicate which system(s) for which access is requested (check all that apply). If applying only for IRAS, check only the IRAS box. SALIS and ATR access is limited to DCF employees.

□ **LEVEL AND ROLE OF THE REQUESTER:**

14. SAMHIS Roles: If requesting SAMH access, select User Level and Roles for each system to which you are requesting access. (you may only select one (1) user type for each system to which you are requesting access). Skip this if applying only for IRAS access.

15. IRAS Roles: Choose one. To submit incidents, provider staff must choose Initiator or Incident Coordinator role. Each provider agency should have at least 2 Incident Coordinators. For programs with 24 hour care, be sure each shift has at least 2 Incident Coordinators.

□ **ACTION REQUESTED:**

16. Add New User is only selected when you are adding a user for the first time. DO NOT SELECT THIS OPTION IF THE USER REQUESTING ACCESS ALREADY HAS OR HAS HAD AN LDAP ACCESS NUMBER

17. Deactivate User is selected when a user is no longer with the agency. (The agency **must** immediately notify the Regional or ME Data Liaison of the user's separation from the agency and submit a completed Database Access Request Form with the Deactivate User box checked.) Please email the deactivation form to Sarah Griffith at sarah_griffith@dcf.state.fl.us if you do not have a Regional or ME Data Liaison.

18. Reactivate User is selected when a user is requesting access and has previously had an active LDAP access number which is currently inactive.

19. Update User Information is selected when the user needs to indicate a change in any of the fields on the Database Access Request Form. (i.e., marriage or divorce, change in user type, etc.

□ **CONFIDENTIALITY AND SECURITY REQUIREMENTS:**

20. Type in dates of Security Awareness Training and HIPAA training

21. Each person, who requests access to SAMH data or to any departmental data, must sign the DCF Security Agreement Form (CF 114). By signing this form, the requester affirms that he/she has read the basic security safeguards as stated in this chapter. By this signature, the user also affirms that he/she has completed the computer based Security Awareness Training program, and he/she is aware of both federal and state laws pertaining to data security as listed above.

22. Once the CF 114 Form is signed and dated, it must be submitted along with a completed copy of the Database Access Request Form for SAMH and IRAS Users and the Completion Certificates for the Security Awareness Training and the HIPAA training.

23. Request packets should be submitted to Janice McIntyre at Janice_mcintyre@dcf.state.fl.us for Circuits 3, 4, 5, 7 and 8. Request packets should be submitted to Eugene Carwise at Eugene_carwise@dcf.state.fl.us for Circuits 9 and 18. Private, licensed substance abuse providers should submit their packets to Sarah Griffith at sarah_griffith@dcf.state.fl.us if not in above referenced circuits. Subcontracted providers in all other circuits should submit packets to their ME Data Liaison.

24. Please ignore all system generated emails. You should receive a user logon and initial password from your Regional/ME Data Liaison or Sarah Griffith.

Online 2013 Security Awareness and HIPAA training links:

Security Awareness training:

<https://floridadcf.adobeconnect.com/a302921195/sainternet2013/>

HIPAA training: <https://floridadcf.adobeconnect.com/a302921195/hippa2013internetprod/>

Upon completion of the trainings, you will be able to print a training certificate. The training certificates must be submitted along with your Database Access Request Form and Security Agreement Form to be granted access to any SAMH database including IRAS.

Submission of Database Access Request Packet:

Circuits 3, 4, 5, 7 and 8: Janice McIntyre at Janice_mcintyre@dcf.state.fl.us

Circuits 9 and 18: Eugene Carwise at Eugene_carwise@dcf.state.fl.us

For all other circuits, if your agency is subcontracted with a Managing Entity to provide substance abuse and mental health services, requests should be sent to your Managing Entity Data Liaison

For all other circuits, if your agency is not subcontracted with a Managing Entity, and your agency is a private, licensed substance abuse provider or a freestanding psychiatric facility, please submit Database Access Request packets to Sarah Griffith at sarah_griffith@dcf.state.fl.us.

THANK YOU !!