



County of Los Angeles - Department of Mental Health
Chief Information Office
Data and Integration Services Division

Legal Entity Data Extract Request Form

Please Print All Information

Instructions

Please complete this form in its entirety and return it to the Application Development Unit, Attn: Juan Fermin, at Fax (213) 252-8744.

Please note the Chief Executive Officer must sign this form for authorization.
Incomplete forms will not be processed.

Employee Information

Fulltime Employee C

Other (Consultant, Software Vender, etc.) C
h

Employee Name: _____ Date: _____

Legal Entity Number: _____ Legal Entity Name: _____

Telephone Number: _____ E-mail Address: _____

Requesting: Download Access

Upload Access

Authorization

Chief Executive Officer: _____

By signing this form you hereby grant the above employee access to data provided by the Los Angeles County- Department of Mental Health for your organization. This data may include Protected Health and/or claiming information, and is subject to protection as required by HIPAA standards and/or guidelines.

Signature: _____ CEO Telephone Number: _____

Comments: _____ CEO E-mail: _____

For Data and Integration Services Division Use Only

Date Received: _____ Assigned To: _____

Manager/Supervisor: _____ Date of Completion: _____