APPLICATIONS ACCESS FORM

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
PROVIDER SUPPORT OFFICE

REQUEST TYPE

Effective Date					
04 / 04 / 2014	☒ Add New User	☐ Update Existing User	☐ Add Reporting Unit ☐ Delete Reporting Unit ☐ Name Change	☐ Add Role ☐ Delete Role Unit ☐ Termination	☒ Add User Access ☐ Delete User Access

EMPLOYEE STATUS

☐ DMH Permanent ☐ DMH Temporary ☐ FFS IP ☒ FFS OP ☐ MHSA ☐ NGA ☐ DHS

APPLICATION INFORMATION

User/Logon ID	Last Name	First Name	MI	Last 4 Digits of SSN
	Jones	Camille		3333

Date of Birth MM/DD	Sex Code	Ethnicity Code	Handicap Code	Language Code	Name of Facility/Bureau/FFS Network Provider/Pharmacy
12/10	F	01	00	01	Camille Jones Inc.

Program Name/Unit	Address	Suite/Floor
	111 N. Main St.	15

City	State	Zip Code	Phone Number	E-Mail Address
Los Angeles	CA	90012	213-240-1212	cjones@yahoo.com

ROLE(S)

Provider using Web Services? ☐ Yes ☒ No

SELECT CLASS CODE & AUTHORIZED PROVIDER NO.

DMH Provider No(s)

NGA Legal Entity No.

DHS Provider No(s)

FFS Provider No. PSY144212

SELECT APPLICATION ACCESS

☐ Integrated System ☐ STAR ☒ Provider Connect* ☐ PRM* Other (please specify

The following forms must be signed and sent with this document:

☒ COLA Agreement for Acceptable Use ☒ Oath of Confidentiality ☒ E-Signature Agreement

SIGNATURES

Applicant Name	Signature	Date Completed
Camille Jones	CJones	4/4/14
Contact (Print Name)	Phone Number	Date Completed
Program Head/Authorized Designee (Print Name)	Signature	Date Completed
Camille Jones	CJones	4/4/14

FOR PSO USE ONLY

User ID	HEAT Call Ticket	Date Received

Processed By	Remarks	Date Completed

***Provider Connect or PRM User Access?**
Scan and Email forms to:
DMHPSO@dmh.lacounty.gov

User Access for all other Applications?
Mail all forms to:
DMH PSO Systems Access Unit
695 S. Vermont Avenue
Los Angeles, CA 90005

Revised 4/2014