



# APPLICATIONS ACCESS FORM

*For DMH Employees ONLY*

COUNTY OF LOS ANGELES  
DEPARTMENT OF MENTAL HEALTH  
PROVIDER SUPPORT OFFICE

**REQUEST TYPE**

|                |                                       |   |  |                                      |                                      |
|----------------|---------------------------------------|---|--|--------------------------------------|--------------------------------------|
| Effective Date |                                       |   | <input type="checkbox"/> Add Reporting Unit    | <input type="checkbox"/> Add Role    | <input type="checkbox"/> Termination |
|                | <input type="checkbox"/> Add New User | <input type="checkbox"/> Update Existing User | <input type="checkbox"/> Delete Reporting Unit | <input type="checkbox"/> Delete Role | <input type="checkbox"/> Name Change |

**EMPLOYEE STATUS**

DMH Permanent   
  DMH Temporary   
  FFS IP   
  FFS OP   
  MHSA   
  NGA   
  DHS

**APPLICATION INFORMATION**

|                           |          |                |               |               |   |             |                        |  |
|---------------------------|----------|----------------|---------------|---------------|---|-------------|------------------------|--|
| Employee No/User Logon ID |          | Last Name      |               | First Name    |   | MI          | Last for Digits of SSN |  |
| Date of Birth MM/DD       | Sex Code | Ethnicity Code | Handicap Code | Language Code | Name of Facility/Bureau/FFS Network Provider/Pharmacy |             |                        |  |
| Program Name/Unit         |          |                | Address       |               |   | Suite/Floor |                        |  |
| City                      |          | State          | Zip Code      | Phone Number  | Business E-Mail Address                               |             |                        |  |

**ROLE(S)**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**SELECT CLASS CODE & AUTHORIZED PROVIDER NO.**

|                    |  |  |  |                      |  |
|--------------------|--|--|--|----------------------|--|
| DMH Provider No(s) |  |  |  | NGA Legal Entity No. |  |
| DHS Provider No(s) |  |  |  | FFS Provider No.     |  |

**SELECT APPLICATION ACCESS**

Integrated System   
  Day Treatment   
  NGA   
 Other (please specify)

A signed copy of the Oath of Confidentiality is on file at this user's work location.

**SIGNATURES**

|   |              |                |
|---|--------------|----------------|
| Applicant Name                                | Signature    | Date Completed |
| Contact (Print Name)                          | Phone Number | Date Completed |
| Program Head/Authorized Designee (Print Name) | Signature    | Date Completed |

**FOR PSO USE ONLY**

|              |                  |                |
|--------------|------------------|----------------|
| User ID      | HEAT Call Ticket | Date Received  |
| Processed By | Remarks          | Date Completed |

**Mail all forms to:**  
 DMH PSO Systems Access Unit  
 695 S. Vermont Avenue  
 Los Angeles, CA 90005



**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
CIO BUREAU/ENTERPRISE APPLICATIONS DIVISION**

**CONFIDENTIALITY OATH**

The intent of this Confidentiality Form is to ensure that all County employees are aware of their responsibilities and accountability to protect the confidentiality of clients' sensitive information viewed, maintained and/or accessed by any DMH on-line systems.

Further, the Department's Medi-Cal and MEDS access policy has been established in accordance with Federal and State laws governing confidentiality.

Welfare and Institutions (W&I) Code, Section 14100.2, cites the information to be regarded confidential. This information includes applicant/beneficiary names, addresses, services provided, social and economic conditions or circumstances, agency evaluation of personal information, and medical data. (See also 22 California Code of Regulations (C.C.R.), Sections 50111 and 51009.)

The Medi-Cal Eligibility Manual, Section 2-H, titled "Confidentiality of Medi-Cal Case Records," referring to Section 14100.2, a, b, f, and h, W&I Code, provides in part that:

- “(a) All types of information, whether written or oral, concerning a person, made or kept by any public office or agency in connection with the administration of any provision of this chapter...shall be confidential, and shall not be open to examination other than for purposes directly connected with administration of the Medi-Cal program.”
- “(b) Except as provided in this section and to the extent permitted by Federal Law or regulation, all information about applicants and recipients as provided for in subdivision (a) to be safeguarded includes, but is not limited to, names and addresses, medical services provided, social and economic conditions or circumstances, agency evaluation or personal information, and medical data, including diagnosis and past history of disease or disability.”
- “(f) Requires agents of the State to abide by rules and regulations governing the custody, use and preservation of all records pertaining to administration of the Medi-Cal Program.”
- “(h) States “any person who knowingly releases or possesses confidential information concerning persons who have applied for or who have been granted any form of Medi-Cal benefits...for which State or Federal funds are made available in violation of this section is guilty of a misdemeanor.”

