Instructions for completing the NARBHA Web Site User Access Application. The Requestor will complete all required fields in the area labeled *To be Completed by Requestor*.

**Agency Information** - All information is required.

- **Name** - Name of the agency
- **Address** - Address where individual requesting access receives mail
- **Phone** - Main phone number of the agency where the individual requesting access is located

**Individual Requesting Access Information.**

- **Name** - First name, last name and middle initial of the individual requesting access
- **Email** - Email address of the individual requesting access
- **Phone** - Phone number of the individual requesting access is located

**Reason** - Describe the reasons why you are requesting access to this information. Access will be granted based on the needs of the specific individual to access Electronic Protected Health Information (EPhI) and/or departmental, committee, function web pages.

**Requesting Access to** - Indicate what functionality you wish to access.

- **Electronic EPHI** - Member level inquiry functions are granted based on the reasons stated by the requestor and approved by the NARBHA Security Officer.
- **Departments, Committee/Function web page(s)** - Access is based on the reasons stated by the requestor and as approved by the NARBHA staff responsible for that department, committee and/or function web page.
- **Other** - Document additional needs not defined above. These requests will be reviewed internally and granted as necessary.

**Requestor Signature** - Signature of the individual requesting the access. In signing this document the requestor agrees that the user-id issued will be used to fulfill their duties for the agency and that they will not share/divulge the userid/password to anyone.

**Agency Director/Security Officer** - To be completed by the director of the agency or by the individual identified as the Agency Security Officer. In signing this document Director/Security Officer attests that:

- The individual is requesting access for reasons pertaining to their job duties and the Director/Security Officer agrees.
- The request is for an individual userid and that the individual userid will not be shared/distributed.
- The Director/Security Officer will notify NARBHA when the individual leave the agency's employ within 3 business days.
- The Director/Security Officer will, at NARBHA's request, review reports detailing user-ids issued to the agency and provide feedback to NARBHA on the accuracy of these reports

**Completed Applications** can be submitted to NARBHA via:

- **FAX** to (928) 774-5665 ATTN: MIS Department Coordinator
- **US Mail** MIS Department Coordinator (WWW Access)
  NARBHA
  1300 S. Yale
  Flagstaff, AZ  86001

**Notification/Inquiries** - **Web Site User Access Applications** received by noon on Wednesday will be processed no later than the close of business following Monday. User Access Applications received after noon on Wednesday will be processed with the next week's requests. Once a **Web Site User Access Application** has been processed and a user-id/password created the requestor will be notified by Electronic Mail (EMail) that the information has been sent via U.S. mail.

- If the requestor wishes to receive their user-id/password via Email they can reply to the Email notification and include a 8 character 'pass phrase'. The 'pass phrase' will be used to send an Email containing their user-id/password and they can use that 'pass phrase' to red the Email.

Questions on the status of requests can be sent directly to MIS.Department.Coordinator@NARBHA.org.
### Northern Arizona Regional Behavioral Health Authority
**Web Site User Access Application**

**To Be Completed By Requestor**

- [ ] Add
- [ ] Remove
- [ ] Change User ID/Password: 

  Date of request:  
  Effective Date:  

**Agency Name (Required)**  
**Address (Required)**  
**Phone (Required)**  

**First Name (Required)**  
**Last Name (Required)**  
**MI**  
**email (Required)**  
**Phone**  

**Title (Required)**  
**Responsibility (Required)**  

**Reason (Required):**

Requesting access to:

- [ ] Electronic PHI
- [ ] Claims Query
- [ ] Eligibility Query
- [ ] Departmental web pages  
  *(please indicate which pages)*
- [ ] Committee/Function web page(s)  
  *(please indicate which Committee(s))*

**Other:**

**Requestors Signature (Required)**

Date  

Print agency's Director/Security Officer Name *(Required)*

**Agency's Director/Security Officer Signature (Required)**

Date  

**To Be Completed by NARBHA's Security Officer**

- [ ] Yes  
- [ ] No  

**Signature:**

**ICN:**

Completed Date:  

**The following has been:**  

- [ ] Added  
- [ ] Removed  
- [ ] Changed  
- [ ] Denied

**Date Received:**  
**Initials:**

**Date Verified:**  
**Initials:**

**Dated Notified:**  
**Initials:**

**Date Added:**  
**Initials:**

**Date Removed:**  
**Initials:**

**Date Changed:**  
**Initials:**

**Date Mailed:**  
**Initials:**

**Comments:**

Signed:  

Security Officer's Signature