



Northern Arizona Regional Behavioral Health Authority

Web Site User Access Application

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 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 complete 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.



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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:

- | | | |
|--------------------------------------------|-------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Electronic PHI | <input type="checkbox"/> Departmental web pages | <input type="checkbox"/> Committee/Function web page(s) |
| <input type="checkbox"/> Claims Query | <i>(please indicate which pages)</i> | <i>(please indicate which Committee(s))</i> |
| <input type="checkbox"/> Eligibility Query | _____ | _____ |

Other: _____

Requestors Sign ature **(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

Approved 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