EHR Account / Training Registration
Sacramento County - Department of Health Services

1. Request

☐ **Request for Training/Create Account (Complete Sec 2 & 4)** ☐ **Deactivate account** ☐ **Reactivate account (Complete Sec 2)**

☐ **Modify/Add Additional Permissions (Complete Sec 2 & 3)** ☐ **Add Legal Entity for existing user (Complete Sec 2)**

2. User Information

Last Name:	**First Name:**	**Legal Entity:**

Program Name:	**Authorized Approver Email:**
User Phone Number:	**User Email:**

CalMHSA RX Permissions (MH Providers Only)

☐ **(eRx) Electronic Prescribing Non Controlled Substances - Check box to request access**
☐ **(EPCS) Electronic Prescribing Controlled Substances - Check box to request access**

If requesting EPCS access for Nurse Practitioners and Physician Assistants, the Supervising Physicians Name, Date, and Signature are required below.

Name:_____Date:_____

Signature:_____

☐ **(CalMHSA RX Support Staff) Check box to request (Admin, Clinical, Nursing)**

Select if MH or SUPT Agency ☐ **MH** ☐ **SUPT**

Will this staff be using SmartCare? ☐ **Yes** ☐ **No**

Select User Role

☐ **Admin** ☐ **ISL Staff**
☐ **Direct Care Staff**
☐ **Prescriber/Nurse/Medical Support Staff**
(Please add an Agency Fax Number for Prescriber)

Fax Number:_____

3. Modify/Add Additional Permissions (select all options below that apply. Please include any additional comments if needed)

☐ **Add Diagnosis Permission*** ☐ **Change name - from** **to** ☐ **Change User ID**

4. Class Training Dates

Class Date	Class Name		Class Date	Class Name

Please include any comments regarding your request:

User Acknowledgement Agreement

This EHR account request abides by employee and contractor obligations and County of Sacramento Information Security Policy and HIPAA Privacy and Security policies and practices. Federal and state laws govern access, protection and privileges associated with management of Protected Health Information (PHI) and Personally Identifiable Information (PII). By requesting account access, this user understands the responsibility to safeguard a patient's right to privacy and agrees to only access information for patients and functions where this user's job duties involve treatment, payment or operations for Sacramento County operated or contracted behavioral health programs.

EHR User's Signature: _____ Date: _____

*Changes or new requests, including name changes, require **Authorized Approver's** signature.*
I authorize the requested access for the employee whose signature appears above:

Authorized Approver Name (Print):_____ Phone: (_____) _____ - _____

Authorized Approver Signature: _____ Date: _____

****Please note that it may take up to 5 business days to create a new user account once all the information is received. For all live trainings, training requests need to be submitted 2 business days prior to training day. When registering direct care staff for training, email only this page of the completed EHR Training registration form to DHSQMStaffReg@saccounty.gov. If you are registering for only Admin/Billing training or only requesting to Modify/Add Additional permissions, please email this page to bhs-ehrtrainingreg@saccounty.gov. Please make sure that you receive a confirmation for each request. If a confirmation is not received, please follow up****

EHR Training Registration Instructions

These instructions are used as a guide for filling out the Training Registration form. Only completely filled out requests with an Authorized Approvers signature will be processed. If you have any questions regarding this form please contact bhs-ehrtrainingreg@saccounty.gov.

Section 1 - Request

Deactivate account - Remove a user's access to your Legal Entity
Reactivate account - Restore user's account if deactivated *(May require training based on amount of time account was inactive)*. If it's been more than 60 days since the account deactivation date, they will be required to attend training.
Add Legal Entity to existing user - If the user already has a SmartCare account this will add a new Legal Entity to their account and allow them to make edits/updates within that Legal Entity. This requires completion of Section 2.
Request for Training - This indicates that you want to request training for the user. Requires all data to be completed in Section 2 and Section 4.
Modify/Add Additional Permissions - Request to make a change to an existing and active user's account. Completion of Section 2 and Section 3 is required.

Section 2 - User Information *(All information in this section is required to be filled out in order to expedite the request)*

Last Name & First Name - Name used with County and EHR.
Legal Entity - Legal Entity for this request and/or tied to user.
Program Name - Name of the program(s) where the user will be working
Agency Liaison Email - Email that you want replies to this request to go to.
User Phone number - Phone number of user requesting training
User Email - Email for the requested user to send confirmation and communications to.

Section 3 - Modify/Add Additional Permissions

Add Diagnosis permission - Select this option if the user is a non-clinical staff requiring access *(must meet all requirements)*
Change Name - This is the user's name only, it will not change the User ID. If the user ID needs to be changed you can also check the User ID box.
(Please specify what is being changed. Use the boxes to the right)
Change User ID - If the user's ID needs to be changed due to misspelling or a change of last name.

Section 4 - Class Training Dates - You can sign up a user for multiple classes

(Please verify the date and time for each class selection)
Class Date - Date of the Class. (See the posted schedule on the EHR Project Website for the class date)
Class Name - Each of the Class offerings are available to select.
Please include any comments regarding your request - In order to expedite your request; this section should be used to include any additional information or comments about your request. This will help minimize questions and accelerate the process.