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

	Create Account (Complete Sec 2 & 4)	Deactivate account Rea	activate account (Complete Sec 2)	
☐ Modify/Add Additiona	al Permissions (Complete Sec 2 & 3)	☐Add Legal Entity for exist	ing user (Complete Sec 2)	
. User Informat	ion			
Last Name:	First Name:		Legal Entity:	
Program Name:		Authorized A	Authorized Approver Email:	
User Phone Number:		User Email:		
Electronic Prescribing (Controlled Substances (EPCS)	Select if MH o	r SUPT Agency MH SUPT	
(EPCS) Check box to request access		Will this staff be using SmartCare? Yes No Select User Role		
If requesting EPCS access for Nurse Practitioners and Physician Assistants, the Supervising Physicians Name, Date, and Signature are required below. Name:Date:		Direct Prescr	Admin Direct Care Staff Prescriber (Please add an Agency Fax Number for Prescriber) Fax Number:	
Add Diagnosis permiss	dditional Permissions (select a sion* Change name - from	all options below that apply. Please i	nclude any additional comments if needed) Change User ID	
Add Diagnosis permiss	sion* Change name - from			
	sion* Change name - from			
Add Diagnosis permiss	sion* Change name - from Bar Dates	to	Change User ID	
Add Diagnosis permiss Class Training Class Date	sion* Change name - from Bar Dates	to	Change User ID	
Add Diagnosis permiss L. Class Training Class Date Clease include any community of the EHR account request rivacy and Security polification of the responsibility to safeg	Dates Class Name Class Name ments regarding your request: ments Agreement abides by employee and contractor obcies and practices. Federal and state I mation (PHI) and Personally Identifia	Class Date Class Date Digations and County of Sacra laws govern access, protection able Information (PII). By recagrees to only access information	Class Name Class Name Imento Information Security Policy and and privileges associated with managuesting account access, this user understand for patients and functions where the	
Add Diagnosis permiss Class Training Class Date Clease include any community of the EHR account request rivacy and Security polification of the responsibility to safegob duties involve treatment EHR User	Dates Class Name Class Name Class Name Class Name The ments regarding your request: The ment Agreement The abides by employee and contractor of the cies and practices. Federal and state I mation (PHI) and Personally Identification and patient's right to privacy and tent, payment or operations for Sacrame and Signature:	Class Date Date:	Class Name Class Name Class Name Class Name Class Name	
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Add Diagnosis permiss Class Training Class Date Class Date	The state of the s	Class Date Class	Class Name Class Name Class Name Class Name Class Name Class Name	

^{**}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.

<u>Section 4 - Class Training Dates - You can sign up a user for multiple classes</u> (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.