PLEASE <u>TYPE</u> ALL REQUEST FORMS SUBMITTED TO THE HELPDESK

Date of Request: _____

INSYST
MENTAL HEALTH (MHS)

AUTHORIZATION REQUEST FORM

_____ Initial Auth./Trng.

_____ Upgraded Auth./Trng.

_____ Returning/Trng.

_____ Remove Auth.

Staff Name: _____ Phone: _____

              First   Middle   Last

Email Address: _____

Program Name: 1. _____   RU's: 1. _____

                    2. _____   2. _____

                    3. _____   3. _____

                    4. _____   4. _____

Contact Person: _____   Phone: _____

Approved by: _____

             Supervisor/Manager

☐ New   ☐ Update
☐ Replace _____

                  User Name

Make account same as this user:
_____

Please check the level of authorization requested for this staff:

Level 1 _____ Inquiry Only *(Clinical, Treatment Staff or Supervisor)*

Level 6 _____ Insyst Data Input *(Administrative Support Staff)*

            Entry of Indirect & Direct Services, can change client reg. info, services, late entry, delete client messages

<u>**NOTE: Contract Providers should request at least two people with Level 6 at each site**</u>

Comments:

Print reports on this **INSYST** printer.
_____

Must be Completed by IS STAFF Only

☐ New CBO User: INSYST Training Session Scheduled on: _____ a

☐ INSYST Training Verified   ☐ Training Session Completed on _____

☐ New County Employee User

☐ Account Created in INSYST: _____ by: _____

                    Date   IS System Support Services

User Name: _____   Printer Queue Name: _____

SEND FORM TO: **IS System Support Services**
                            2000 Embarcadero Cove, 4th Floor
                            Oakland, CA 94606
                            Tel (510) 567-8181   Fax (510) 567-8161
                            ISHelpDesk@BHCS.MAIL.CO.ALAMEDA.CA.US

MHS Auth Form_v3   09/07