Reset

PLEASE TYPE ALL REQUEST FORMS SUBMITTED TO THE HELPDESK

Date of Request: _____

INSYST
MENTAL HEALTH (MHS)

AUTHORIZATION REQUEST FORM

Auth./Trng.

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:

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

Printer Model _____
(i.e. HP Desk Jet 7550)

Level 1 _____ Inquiry Only
Level 2 _____ Basic Entry *of Indirect Services Only*
Level 3 _____ Basic Entry *of Indirect & Direct Services*
Level 4 _____ Lead Clerk *includes Level 3 and can change client registration info. (not for Contract Provider use)*
Level 5 _____ Sole Clerk *includes Level 3 and can change client reg. info., services, late entry (not for Contract Provider use)*
Level 6 _____ Clerical Supervisor *includes Level 3 and can change client reg. info., services, late entry, delete client messages*

NOTE: Contract Providers should request at least one person with Level 6 at each site

Comments:

Must be Completed by IS STAFF only

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

Reset

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

Print