

PLEASE TYPE 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

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 message.*

User Name

Print reports on this **INSYST** printer.

NOTE: Contract Providers should request at least two people with Level 6 at each site

Comments:

☐ New Web Portal Account

Must be Completed by IS STAFF Only

<input type="checkbox"/> New CBO User: INSYST Training Session Scheduled on: _____ a	<input type="checkbox"/> Training Session Completed on _____
<input type="checkbox"/> INSYST Training Verified	
<input type="checkbox"/> New County Employee User	
<input type="checkbox"/> Account Created in INSYST: _____ by: _____	
_____ Date	IS System Support Services
<input type="checkbox"/> Web Portal Account Created _____ by: _____	
_____ Date	IS System Support Services

SEND FORM TO:

IS System Support Services

2000 Embarcadero Cove, 4th Floor

Oakland, CA 94606

Tel (510) 567-8181 Fax (510) 567-8161

ISHelpDesk@acbhcs.org