



Finance Database Access Request Form

Please use this form to request access to CFBHN system. Each agency employee must obtain their own user code and password. These may not be shared between employees under any circumstances.

1. USER INFORMATION:

Name: First: _____ Last: _____ Position Title: _____

Provider Name: _____ Program Name: _____

Phone: _____ Fax: _____ Email: _____

Mailing Address: _____ City _____ Zip _____

2. PROVIDER ROLE TO BE ACCESSED BY THE REQUESTER

Provider Administrator	Provider Invoice Submission	Both
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3. ACTION REQUESTED:

Add User

Reactivate User

Deactivate User

Update Information

4. CONFIDENTIALITY AND SECURITY REQUIREMENTS:

By my signature, I acknowledge that I am responsible for safeguarding the confidentiality and security of this information as required by the following state and federal laws:

42 Code of Federal Regulation Part 2 and Part 142;

45 Code of Federal Regulation Parts 160 and 164;

Section 394.4615, Florida Statutes;

Section 397.501(7), Florida Statutes

Section 916.107(8), Florida Statutes.

Section 282.318, Florida Statutes.

- I received Security Awareness Training on ____/____/____
MM / DD / YYYY

AUTHORIZATION SIGNATURES:

Requestor's Signature: _____ Signature Date: _____

Supervisor's Name: _____

Supervisor's Signature: _____ Signature Date: _____

COMMENTS:

- A. To be assigned a user code and security profile, the requester must complete and sign this form.
- B. Upon termination of employment submit this form with instruction to deactivate the user.
- C. Scan completed form and email as an attachment to Finance@cfbhn.org