



# SAMH Database and Application Access Request for SAMHIS, IRAS, FITS and WITS Users

This form should be completed and printed out for signatures. Electronic signatures are not accepted. All information must be completed with the exception of Fax No. and DCF Issued Log-On if not applicable.

### 1. REQUESTER INFORMATION:

Requester's First Name		M.I.	Last Name		Requester's SSN	
Contractor ID (9 digit FEIN)			Contractor/ME Name			
Provider ID (9 digit FEIN)			Provider Name			
Region Name		Circuit	County		If DCF Employee (check one): <input type="checkbox"/> HQ <input type="checkbox"/> Region	
Requester's Phone No. (extension, if applicable) ext.			Requester's Fax No.		Requester's Email	
Requester's Physical Address: Street		City		State	Zip Code	
DCF Issued Log-On (if already assigned):						

### 2. AUTHORIZATION SIGNATURES:

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

Managing Entity Data Liaison Name: \_\_\_\_\_

Managing Entity Data Liaison Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

SAMH HQ Security Officer Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

### 3. DATABASE SYSTEM(S) TO BE ACCESSED BY THE REQUESTER:

- SAMHIS Databases:  TANF  DC Aftercare Referral  SANDR (Seclusion Restraint)  
 Other Databases:  FITS  IRAS (Incident Reporting)  WITS

### 4. LEVEL AND ROLE OF THE REQUESTER:

	Administrator	Staff
a. SAMHIS Roles (choose one):		
State	<input type="checkbox"/>	<input type="checkbox"/>
Region/Circuit	<input type="checkbox"/>	<input type="checkbox"/>
Contractor	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Contractor/Provider	<input type="checkbox"/>	<input type="checkbox"/>
DC Facility	<input type="checkbox"/>	<input type="checkbox"/>

b. IRAS Roles (choose one):  Viewer  Incident Coordinator

### 5. ACTION REQUESTED:

- Add New User  Deactivate User  Reactivate User  Update User Information

### 6. CONFIDENTIALITY AND SECURITY REQUIREMENTS/CERTIFICATIONS: By my signature, I acknowledge that I am responsible for safeguarding the confidentiality and security of **all** information contained in **any** of the above data systems (Item 3 above) to which I am granted access 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: \_\_\_\_\_ and HIPAA Training on: \_\_\_\_\_  **Certificates Attached**  
 (mm/dd/yyyy) (mm/dd/yyyy)

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Please do not submit the instruction page with the form.**

## **Instructions for SAMH Database and Application Access Request for SAMHIS, IRAS, FITS and WITS Users**

### **I.A. REQUESTER INFORMATION**

1. Insert First name, Middle Initial and Last name of individual requesting access.
2. Insert Social Security Number (SSN). Disclosure of your social security number is voluntary but must be provided in order to gain access to department systems. It is protected information pursuant to Section 282.318, Florida Statutes, the Security of Data and Information Technology Resources Act.
3. Insert Contractor ID: Federal ID Tax Number (9 digits), and Contractor Agency Name if contracted with the Office of Substance Abuse and Mental Health. If subcontracted with a Managing Entity, use the ME's federal tax ID number and name. If non-contracted agency, leave blank.
4. Insert Provider ID: Federal Tax ID Number (9 digits) and Provider Agency Name if agency is subcontracted with a Managing Entity or your agency is non-contracted.
5. If the requester is staff in a community provider agency or in a state hospital, the Provider ID must be the same as the one used for reporting client data in the SAMHIS data system. For DCF staff in HQ or regional offices, leave both the Contractor ID and Provider ID blank.
6. Insert region name, numerical judicial circuit code, and name of county where workplace is located
7. If DCF employee, check HQ or Region employee.
8. Insert phone number complete with area code and extension if applicable.
9. Fax number is optional.
10. Insert work-related, person-specific email address.
11. Insert Agency Physical address (must reflect the business location of the requester).
12. If the requester already has a 7-digit alpha-numeric DCF issued logon, please provide it.

### **I.B. AUTHORIZATION SIGNATURES**

13. Supervisor's name must be entered on the form followed by Supervisor's signature and date. Electronic signatures are not accepted.
14. Please enter ME Data Liaison name if known. Otherwise, leave blank.
15. HQ Security Officer signature is for Office use only.

### **I.C. DATABASE SYSTEM(S) TO BE ACCESSED BY THE REQUESTER**

16. Check all system(s) for which access is needed. If only applying for IRAS, check only the IRAS box. If applying for Seclusion-Restraint (SANDR), TANF, or DC Aftercare Referral access, please check SAMHIS database box, also.

### **I.D. LEVEL AND ROLE OF THE REQUESTER**

17. 4a. SAMHIS Roles: If requesting SAMHIS access, please place X in appropriate box indicating User Level and Roles. Leave blank if applying for IRAS access only.
18. 4b. IRAS Roles: Choose only one. To submit incidents, provider staff should choose the Incident Coordinator role. The Department of Children and Families Operating Procedure 215-6 requires a minimum of one (1) active IRAS user per agency. In an effort to maintain compliance for timely reporting with adequate reporting coverage, the Office of Substance Abuse and Mental Health recommends a minimum of two (2) active IRAS users. The Viewer role allows a user to receive incident notifications and search incidents, but not enter or update incidents in IRAS.

### **I.E. ACTION REQUESTED**

19. Add New User is only selected when a user is being added for the first time. Do not select this option if the user requesting access already has or has had a DCF LDAP user logon.
20. Deactivate User is selected when a user is no longer with the agency or a change in job duties no longer requires access. (The agency must immediately notify the Managing Entity Data Liaison or SAMH Security Officer of the user's separation from the agency and submit a completed Database Access Request with the Deactivate User box checked.)
21. Reactivate User is selected when the user requesting access has previously had an active LDAP user logon.
22. Update user information is selected when the user needs to indicate a change in any of the fields on the Database Access Request (i.e., name change, change in user type, employer, etc.).

### **I.F. CONFIDENTIALITY AND SECURITY REQUIREMENTS**

23. Enter dates of Security Awareness Training and HIPAA training.
24. All non-DCF employees who request access to SAMH data or to any departmental data must sign the Access Confidentiality and Nondisclosure Agreement Form (form CF 112). All DCF employees requesting access to departmental data must sign the DCF Security Agreement (form CF 114).
25. Once form CF 112 or CF 114 is signed and dated, it must be submitted along with a completed Database Access Request Form and the Security Awareness and HIPAA training certificates to request database access.

### **I.G. REQUESTER'S SIGNATURE**

- Person requesting access must sign and date. Electronic signatures are not accepted.

### **I.H. DATABASE ACCESS REQUEST PACKET SUBMISSION**

- Private, licensed substance abuse providers and private Seclusion/Restraint reporting agencies should submit their SAMHIS or IRAS request packets to Sarah Griffith at [sarah.griffith@myflfamilies.com](mailto:sarah.griffith@myflfamilies.com).
- Providers subcontracted with a Managing Entity should submit packets to their Managing Entity Data Liaison.

Please log into the SAMHIS and/or IRAS database monthly to keep your account active. SAMHIS users with over 60 days inactivity will have to submit all new paperwork to reactivate access.

\*\*It is vital to database security that this office **be notified immediately** when a user with database access is no longer employed by your agency or no longer requires access in their current position.

Please contact Sarah Griffith, [sarah.griffith@myflfamilies.com](mailto:sarah.griffith@myflfamilies.com), 850-717-4785, if you have any questions.