DBHDS

VA Crisis Connect: Account Admin Access Request Form

System User Information   **Date**

First & Last Name   User's Work Email   User's Mobile Number

Role of this System User **(Refer to User Role Guide before selecting)**

Call Center-Lead	Regional-Lead	Regional Lead Dispatcher	Provider Account Admin	Facility Account Admin	REACH Regional Lead

Action to take: Add User   Modify User   Inactivate User

Servicing Provider Information

Provider State Corporation Commission (SCC) Name & Phone   Servicing Provider Address

Service Region(s):   R1   R2   R3   R4   R5

This role selection will allow you to be able to add/modify user records for the following roles : Facility user, Mobile team member, Provider agent, Provider billing

System User Security Attestation (**User Must Read/Check Box**):

By checking this box, you are affirming that you are responsible for managing select authorized VA Crisis Connect users for your Provider Organization in accordance with COV Information Security Standards and HIPAA requirements. Management of Provider accounts includes access approval based on organizational role, termination of user access within 24 hours of employee separation, and review and documentation of user access on a quarterly basis at a minimum.

I affirm that I will comply with the preceding Account management statement

Authorizing Approver's First & Last Name

Authorizing Approver's Signature Image