

PROXY APPLICATIONS REQUEST

Section A: ACCESS PRIVILEGES ACTION REQUESTED

Assign Access Privileges Cancel Access Privileges

HELP DESK CASE #:

Section B: REQUESTER INFORMATION (Please BLOCK Print (ABCDEFGHIJKLMNPOQRSTUVWXYZ) Information)

AGENCY NAME _____ AGENCY NUMBER

or PROXY FOR: _____

FIRST NAME P _____ LAST NAME _____

SSN DATE OF BIRTH

YOUR CURRENT ODMHSAS ACCESS CONTROL USER-ID:

E-MAIL _____ JOB TITLE _____

BUSINESS ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

COUNTY _____ TELEPHONE _____ EXT _____

HOME ADDRESS: _____ CITY _____

STATE _____ ZIP CODE _____ TELEPHONE _____ EXT _____

Section C: ACCESS LEVEL:

- Assessor/Facilitator Proxy
- Assessor Proxy
- Facilitator Proxy

Section D: REQUESTER ACKNOWLEDGMENT

I, the undersigned, understand that the information, which this user identification enables me to access, is to be utilized only in the performance of my assigned duties as an employee of or contractor of services with the Department of Mental Health and Substance Abuse Services. I, therefore, agree to make no inquiry or updates which are not required for the performance of these duties. I am aware that there are Federal statutes and statutes of the State of Oklahoma making information confidential and that these statutes carry penalty provisions. Therefore, I will keep confidential any information made available to me.

In addition, I agree not to divulge or share my terminal access information with anyone. I understand that my failure to comply with security procedures may result in my termination of employment with DMHSAS or the termination of this facility's contract with DMHSAS.

Requester _____ Date ____/____/____

Section E: FACILITY AUTHORIZATION APPROVAL SIGNATURE: (Your Supervisor or Self)

Approval Authority (Print) _____ (Sign) _____

Job Title _____ Tel _____ Date ____/____/____

(Only ODMHSAS Personnel Below)

Section F: DMHSAS AUTHORIZATION APPROVAL SIGNATURE

Approval Authority (Print) _____ (Sign) _____

Job Title _____ Tel _____ Date ____/____/____

E-Mail _____

All above fields are REQUIRED to be filled out for assignment of UserID or access to other links.

UserID/Password: _____ Source: Phone E-Mail:

Setup By: _____ Date ____/____/____

Disabled: Date ____/____/____ By: _____