DMHMRSAS MEDIS REPORTAL ACCOUNT REQUEST FORM

TO: DMHMRSAS Agency IT Security Officer P.O. Box 1797 – 5th Floor Richmond, Virginia 23218 <u>James.Stone@co.dmhmrsas.virginia.gov</u> Telephone: (804) 225-2829 Please FAX a signed copy along with a signed copy of HIPAA TRAINING ACKNOWLEDGEMENT FORM to: 804-692-0076 Attn: James Stone

In order to establish a new account, the user must:

- Visit <u>http://www.dmhmrsas.virginia.gov/adm-HIPAA.htm</u> and view the HIPAA training slides.
- Print, sign, and attach the HIPAA Training Acknowledgment Form (downloaded separately from the slideshow, in PDF or WORD format).
- Attain authorization to access MEDIS data by completing the form below.

Community Service Board / Facility Data Access Authorization (Please print or type)				
CSB Name OR Facility Name: (If Rx-C# specific, please include)			Effective Date:	
Authorizing CSB Executive Director Name & Signature OR Authorizing Facility Pharmacy Director Name & Signature		Their Telephone Number and Email Address:		
MEDIS Reportal Account User Information (Please print or type)				
Employee Name / Position Title		Their Telephone Number and Email Address:		
Type of Action Requested: Grant Access Discontinue Access Update Account Info		Enter a 4 digit PIN for VITA Support Identification. VITA suggests the last 4 digits of your SSN:		
Does user have a DMHMRSAS domain account? If yes what is the account name? (such as "bsmith")				

_MEDIS Reportal Use Only:______

Date Entered into MEDIS Reportal:

Entered by:

By signing this form the Authorizing individual and the Employee (MEDIS Reportal User) acknowledge that any change in the Employee's status which would no longer require the Employee to access this confidential data must be reported by the Authorizing individual to James Stone either by phone or email. This is critical to ensure the protection of the data. Any attempt by the Employee to access this data after a status change can result in legal action being taken against them in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule.