DHCS Employee Approver Certification

DHCS Approved (DHCS use only)	
Date	**Approver**

For Access to Confidential DHCS Drug Medi-Cal

DHCS Branch : ____________________

To ensure the confidentiality of Drug Medi-Cal (DMC) data, the Department of Health Care Services (DHCS) requests the appropriate DHCS Manager designate a primary and a secondary contact to be responsible for approving employee requests for access to confidential patient data in the Short-Doyle/Medi-Cal claims system. Please provide this information in the spaces below and fax this form to (916) 323-0653. If you have any questions about this form, please call (916) 323-2043.

Primary Approver:

First Name: ____________________ Last Name: ____________________

Title: ____________________

Phone Number: (   ) ____________________ Fax Number: : (   ) ____________________

Email Address: ____________________

Primary Approver's Signature: ____________________
(Signer acknowledges having read the Confidentiality Statement for all DHCS AOD/ITWS users)

Secondary Approver:

First Name: ____________________ Last Name: ____________________

Title: ____________________

Phone Number: (   ) ____________________ Fax Number: : (   ) ____________________

Email Address: ____________________

Secondary Approver's Signature: ____________________
(Signer acknowledges having read the Confidentiality Statement for all DHCS AOD/ITWS users)

DHCS Certification:

As Manager of ____________________, I designate the above individuals to have
(unit name)
independent authority to approve access requests to specific confidential Drug Medi-Cal data. The DHCS may rely on approvals, denials, and changes made by these individuals in its processing of access requests to the Short-Doyle/Medi-Cal claims system. As changes occur to the above approving contact's information (name, phone, e-mail or system), I will sign an updated certification and forward it to DHCS ITWS. Also, I acknowledge reading the Confidentiality Statement for all DHCS AOD users of the ITWS.

____________________ ____________________
Manager (signed and printed) Date