

### DHCS Branch Approver Certification

MC 5257 (03/13)

For Access to Confidential Mental Health Information

**DHCS Branch:** \_\_\_\_\_

To ensure the confidentiality of mental health data, the Department of Health Care Services, Information Technology Web Services (DHCS-ITWS) requests the appropriate DHCS chief designate a primary and a secondary contact to be responsible for approving DHCS employee requests for access to confidential patient data in the systems checked below. Please provide this information in the spaces below and e-mail completed form to "DHCSMHS DAPPCert@dhcs.ca.gov". If you have any questions, please contact MHS D-App-Cert group via above mentioned e-mail.

**Primary Approver:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Approver's Signature: \_\_\_\_\_

(I have read [Letter No. 99-02](#) regarding **Confidentiality of Client Information**)

**Secondary Approver:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Approver's Signature: \_\_\_\_\_

(I have read [Letter No. 99-02](#) regarding **Confidentiality of Client Information**)

**Mental Health Systems:**

Please check the systems for which the above approvers may authorize access requests:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>CFRS</b> Cost and Financial Reporting System | <input type="checkbox"/> <b>POQI</b> Performance Outcome Quality Improvement<br>(aka Consumer Perception Survey) |
| <input type="checkbox"/> <b>MHSA</b> Mental Health Services Act          | <input type="checkbox"/> <b>PRV/LE</b> Provider/Legal Entity   |
| <input type="checkbox"/> <b>MMEF</b> Monthly MEDS Extract File           | <input type="checkbox"/> <b>SD/MC</b> Short-Doyle/Medi-Cal Claims  |
|  | <input type="checkbox"/> <b>SDA</b> Statistics and Data Analysis<br>(aka Mental Health Analytics)                |

**DHCS Branch Approver Certification:**

I designate the above individuals to have independent authority to approve access requests to specific confidential mental health patient data. DHCS-ITWS may rely on approvals, denials, and changes made by these individuals in its processing of access requests to the above selected system(s). 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 "DHCSMHS DAPPCert@dhcs.ca.gov". Also, I acknowledge reading [Letter No. 99-02](#) regarding **Confidentiality of Client Information**.

\_\_\_\_\_  
DHCS Branch Chief (Signature)

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Date