State of California – Health and Human Services Agency Department of Health Care Services

County Approver Certification Appointment

For Access to Drug and Alcohol Treatment Access Report

County Name: _____

To ensure the confidentiality of county SUD data, the Department of Health Care Services, requests the county behavioral health director designate two contacts to be responsible for approving county staff requests for access to the Drug and Alcohol Treatment Access Report (**DATAR**) system.

Please complete the information below and email the signed form to DATAR-CalOMSProgramSupport@dhcs.ca.gov. **The email must be sent from the signer's email account.** Please direct any questions to DATAR-CalOMSProgramSupport@dhcs.ca.gov.

Approver 1:

First Name: _____ Last Name: _____

Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Approver 2:

First Name: _____ Last Name: _____

Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

County AOD Administrator/Executive Officer Certification:

I, the undersigned designate the above county individuals to have independent authority to approve access requests to the DATAR system. DHCS may rely on approvals, denials, and changes made by the above individuals in its processing of access requests to this county's data in the DATAR systems. As changes occur to the above approving contacts or vendor information, I will sign an updated certification and forward it to DHCS.

_____ _____

County AOD Administrator/Executive Officer (Signature) Date

_____ _____

County AOD Administrator/Executive Officer (Print Name) County AOD Administrator/Executive Officer (E-mail Address)