Mandated for: ✓ County-Operated Programs ✓ Short-Doyle Contractors ☐ Institutes for Mental Disease ☐ Hospital Contractors ☐ Skilled Nursing Facilities ☐ Residential Care Facilities ☐ Fee-For-Service Contractors ☐ Other:		Santa Clara Valley Health MENTAL HEALT POLICIES & PROCE Section 601 Developed Revised	H DEPARTMENT DURES MANUAL Page 1 of 2 2/12/88	
Mental Hea		.TH SYSTEM USER AUTHO T DELETION, AND TRAIN		
ENCLOSURES:	Attachment A: Ur Attachment B: Oa Attachment C: Ne Attachment D: Re	nicare Username Request Form ath of Confidentiality etwork Access and Personal Computers Policy equest for Mental Health Diamond Access/Security equest for SCCOPE Access/Security		
REFERENCE:	N/A			
POLICY:				

Staff who will be using the Mental Health systems (Unicare, Diamond, SCCOPE) must first be authorized and receive approved training from an authorized Information Systems (IS) Trainer.

There are multiple levels of user authorization in the Mental Health systems ranging from look-up only, routine data entry, to supervisory authorization for specific updates. Authorization will be commensurate with staff functions, as required by each provider.

Non-Mental Health users needing MH System access will require prior approval from the Mental Health Director or Designee. The Mental Health/Drug and Alcohol Systems Office will authorize users of the MH Systems, and will maintain authorization and training records for each user.

Santa Clara Valley Health & Hospital System MENTAL HEALTH DEPARTMENT POLICIES & PROCEDURES MANUAL

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PROCEDURE:

Responsible Party	Action
Site Supervisor	Submits completed Unicare Username Request (Attachment A), Oath of Confidentiality (Attachment B), Code of Conduct, and PARCCA forms to the Quality Improvement (QI) Program.
Site Supervisor (County locations)	For network accounts, completes appropriate forms (see Attachment C) and submits to IS.
QI	Checks for completeness and accuracy of forms. Forwards the Unicare Username Request form to IS.
IS	Confirms all information on Unicare Username Request form is accurate and signed by supervisor. Establish MH system account per IS procedures using forms that apply (Attachment A, D, E).
	Assigns provider ID and initial password. Contacts the requester for any clarification needed. Informs QI when the username account and provider ID has been assigned.
	Assists new user in receiving MH system application training from appropriate party.
QI	Inputs provider demographic data, company, company team, credential and rate class information into Unicare. Informs requester that request is completed.
Site Supervisor	Notifies IS in writing when provider terminates or no longer needs MH System application access.
IS Unicare Administrator	Disables user account when notified of provider termination or when provider no longer needs access.