



# USER GUIDE

**Integrated SAFE Act Reporting System (ISARS)  
Version 1.0.2.6**

**New York State Office of Mental Health (OMH)**

Release Date: March 15th, 2013

Updated: September 30th, 2013

## PREFACE

The New York State Office of Mental Health (OMH) has developed this Document to assist Licensed Mental Health Professionals / Clinicians in using the Integrated SAFE Act Reporting System (ISARS).

Section 9.46 of New York Secure Ammunition and Firearms Enforcement Act (“SAFE Act”) requires Mental Health Professionals (referred to as “Users” or “Reporting Professionals” in this document) to report to their local Director of Community Services (“DCS”) when, in their reasonable professional judgment one of their patients is **“likely to engage in conduct that would result in serious harm to self or others.”**

It is not intended to be a complete system or training manual, but an up-to-date reference guide for accessing reporting interface screens for the purposes of submitting reports about a mental health patient.

Periodic updates to this document will be distributed as new functional modules and screens are included and as changes are made to this application that affect the information contained in this reference. Beginning with version 1.0.2.5, OMH will publish “Release Notes” that describe new or modified functionality for each release. Release Notes will be available through a link on the NY SAFE Act page of the OMH website - [http://www.omh.ny.gov/omhweb/safe\\_act/](http://www.omh.ny.gov/omhweb/safe_act/)

## REVISION HISTORY

Doc.Version	Date	Revision Description
1.0.0	03/11/2013	Document supports initial deployment of Integrated SAFE Act Reporting System (ISARS), scheduled for statewide release on March 15 <sup>th</sup> 2013.
1.0.1	03/25/2013	Added a note, for selecting provider professional type as applied to Nurse Practitioner.
1.0.2	03/28/2013	Added table of contents.
1.0.3	04/16/2013	Added changes for address, DOB and SSN entries of persons being reported. Also added new email validation error messages. (V 1.0.2.0)
1.0.4	5/3/2013	Added (V 1.0.2.2)
1.0.5	6/17/2013	Added v 1.0.2.5, GIS, explanation of validator callout and balloon help.
1.0.6	7/30/13	Added changes to professional relationship to person to submit when not part of the treatment team.
1.0.7	9/25/2013	Application v 1.0.2.6 - Added changes to the proxy submittal screen and attestation



## TABLE OF CONTENTS

<b>PREFACE</b> .....	<b>2</b>
<b>1. INTEGRATED SAFE ACT REPORTING SYSTEM OVERVIEW</b> .....	<b>6</b>
<b>2. REPORTING PORTAL - GETTING STARTED</b> .....	<b>7</b>
2.1. Validator Callouts .....	11
2.2. Balloon Help.....	12
<b>3. DATA ENTRY FOR REPORTING PROFESSIONALS</b> .....	<b>13</b>
3.1. Navigation Tips.....	13
3.2. First Name – (Required Field) .....	13
3.3. Last Name – (Required Field).....	14
3.4. Provider Profession Type – (Required Field).....	14
3.5. Provider License Number – (Required Field) .....	15
3.6. Last 4 of SSN – (Required Field) .....	15
3.7. Date of Birth – (Required Field in MM/DD/YYYY) .....	16
3.8. Phone Number – (Required Field).....	16
3.9. Phone Number Extension – (Optional Field).....	17
3.10. Email Address – (Required Field) .....	17
<b>4. DATA ENTRY - “PROFESSIONAL RELATIONSHIP TO PERSONS”</b> .....	<b>18</b>
4.1. Person is Currently Hospitalized .....	18
4.2. Treatment Team Member .....	18
4.2.1. First Name – (Required Field) .....	19
4.2.2. Last Name – (Required Field).....	20
4.2.3. Contact Profession Type – (Required Field) .....	20
4.2.4. Contact Phone Number – (Required Field) .....	21
4.2.5. Contact Phone Extension – (Optional Field) .....	21
4.3. Last Seen – (Required Field).....	21
4.4. Treatment Relationship – (Required Field).....	22
<b>5. DATA ENTRY - “PERSON BEING REPORTED”</b> .....	<b>22</b>
5.1. First Name – (Required Field) .....	22
5.2. Middle Name – (Optional Field) .....	23
5.3. Last Name – (Required Field).....	23



5.4.	Other Name / Maiden Name – (Optional Field).....	24
5.5.	Street Address Unknown .....	24
5.6.	Postal Address Unknown.....	25
5.7.	Street/City/State/Zip Code – (Required fields if address is known).....	25
5.8.	Address: County of Residence – (Required Field) .....	28
5.9.	Date of Birth or Approximate Age – (Required Field if DOB is known) .....	29
5.10.	Social Security Number – (Required Field).....	31
5.11.	Gender – (Required Field).....	32
5.12.	Race – (Required Field) .....	32
5.13.	Diagnosis – (Optional Field If Unknown) .....	33
5.14.	Reason – (Required Field) .....	35
6.	<b><i>SUBMISSION AND REPORTING</i></b> .....	36
6.1.	Security & Submit – (Required Action).....	36
6.2.	Validation & Resubmission - (Required Action).....	37
6.3.	Self Attestation - (Required Action) .....	38
6.4.	Proxy Reporter Attestation – (Required Action) .....	39
6.5.	Submit another Person - (Optional Action).....	40
7.	<b><i>NEED HELP &amp; “CONTACT US” OPTIONS</i></b> .....	41
7.1.	Need Help - (Optional Action).....	41
7.2.	Contact us for further Assistance - (Optional Action).....	41

## 1. INTEGRATED SAFE ACT REPORTING SYSTEM OVERVIEW

**Mental Hygiene Law Section 9.46** (“MHL 9.46”) requires Mental Health Professionals to report to the county DCS or designee when, in their reasonable professional judgment, one of the persons for whom they are currently providing mental health treatment services is “likely to engage in conduct that would result in serious harm to self or others.”

NYS Licensed Mental Health Professional Clinicians, including Mental Health Physicians, Registered Nurses and Nurse Practitioners, Psychologists and Licensed Clinical Social Workers are eligible for SAFE Act reporting. Psychologists without a NYS license are also eligible for SAFE Act Reporting as applied to Section 9.46.

The Integrated SAFE Act Reporting System (“ISARS”) is a fully secure, hack-resilient, web based, online application to be used for reporting a potential threat to county Directors of Community Services (“DCS”) for compliance with MHL 9.46. It is composed of two web components:

- a) a Reporting Portal for Reporting Professionals, consisting of Data Entry/Submission and Self-Attestation pages for reporting threats to DCS and
- b) an Assessment Portal, consisting of Patient Data Review and Submission pages that enables the county DCS or their designees to select, review and submit one or multiple individuals’ data from the Assessment Portal to the New York State Division of Criminal Justice Service’s (“DCJS”) portal.

This User Guide is only for the Reporting Portal.

DCS will analyze each individual’s data being reported, cross check the individual’s identity when it has not been previously verified and will follow-up, if required, with the appropriate Reporting Professionals for compliance with MHL 9.46.

No Personal Health Information (“PHI”) data will be allowed to be passed on to DCJS. The system shall provide role-based access permission and authorization to each of the DCS designees through the Security Management System (“SMS”) environment of OMH.

ISARS has built in functionality to verify and authenticate most Reporting Professionals’ identities in order to filter out any extraneous data being transmitted from the Reporting Portal to the Assessment Portal for county DCS.

## 2. REPORTING PORTAL - GETTING STARTED

1. SAFE Act Users can enter the application in one of two ways:

- a. through the OMH home page at <http://www.omh.ny.gov> by clicking the “NY SAFE ACT” link, then clicking the “9.46 Reporting” link at [http://www.omh.ny.gov/omhweb/safe\\_act/](http://www.omh.ny.gov/omhweb/safe_act/). (Additional SAFE ACT Reporting resources are available at this site).




- b. or by directly accessing the reporting portal by typing this URL in to their web browser: <https://nysafe.omh.ny.gov>

2. The system will then display a blank reporting portal data entry screen in the User’s web browser as shown below:




New York State State Agencies Search all of NY.gov



## NY SAFE Act Reporting

9.46 NYS Mental Hygiene Law  
*\* If risk to self or others is imminent \**  
**\*\*\* Dial 911 \*\*\***



[Help](#) [Contact Us](#)

Sep. 25, 2013

*\* fields with asterisk are required*

**Reporting Professional:**

Professional's Name \*  
 First Name \*  Last Name \*

Provider Profession Type \*  
 Physician  Psychologist  Psychologist (License Exempt)  Registered Nurse  LCSW

Last 4 SSN \*  Date Of Birth \*  MM/DD/YYYY Phone Number \*  Phone Ext.

Email Address \*

**Professional Relationship To Person:**

Person Is Currently Hospitalized  
 Hospitalized

Treatment Team Member   
 I am on the treatment team for person being reported.

Last Seen \*  MM/DD/YYYY Treatment Relationship \*

**Person Being Reported:**

Name \*  
 First \*  Middle  Last \*

Other Name / Maiden Name

Address

Street \*   
 Street2   
 Street Is Unknown

City \*  New York ZipCode \*

Postal Address Unknown

County of Residence \*  
 -- choose NY county --

Date of Birth or Approximate Age  
 Date Of Birth \*  MM/DD/YYYY  Date Of Birth Unknown  
 Social Security Number \*   Social Security Number Unknown


Gender \*  
 Female  Male  Unknown

Race \*  
 White  Black  American Indian/ Alaskan  Asian Pacific Islander  Other  Unknown

Diagnosis \*   
 (for example: type 301.2 and a select list will appear. Either use arrows and press enter or choose with mouse)

Reason you believe the person is likely to engage in conduct that would result in serious harm to self or others including any specific threats, behaviors or actions:  
 (for example: patient is found to be suicidal, has a detailed plan and is unwilling to contract for safety)  
 Enter any specific threats, behaviors or actions here.

Enter Security And Submit:

  (Upper and Lower Case Letters are accepted)



3. This data entry screen is divided into following four sections:

a. **Reporting Professional:** Information about the person who is submitting this report.

**Reporting Professional:**

Professional's Name \*

First Name \*  Last Name \*

Provider Profession Type \*

Physician  Psychologist  Psychologist (License Exempt)  Registered Nurse  LCSW

Last 4 SSN \*  Date Of Birth \*  MM/DD/YYYY Phone Number \*  Phone Ext.


Email Address \*

b. **Professional Relationship to Person:** Information about the Treatment Relationship with the patient being reported. Reporters that are not direct members of the patient's treatment team must indicate this by unchecking the box under Treatment Team Member and completing information on the treatment team member they are reporting for. This can also record whether a patient is currently hospitalized.

**Professional Relationship To Person:**

Person Is Currently Hospitalized

Hospitalized

Treatment Team Member 


I am on the treatment team for person being reported.

Last Seen \*  MM/DD/YYYY Treatment Relationship \*

**Professional Relationship To Person:**

Person Is Currently Hospitalized

Hospitalized

Treatment Team Member 

I am on the treatment team for person being reported.

**Provide A Treatment Team Member Contact:**

Contact Name

First Name \*  Last Name \*

Contact Profession Type \*

Physician  Psychologist  Psychologist (License Exempt)  Registered Nurse  LCSW

Contact Phone Number \*  Contact Phone Ext.

Last Seen \*  MM/DD/YYYY Treatment Relationship \*

- c. **Person Being Reported:** Demographic & Diagnostic information about the patient being reported.

**Person Being Reported:**

Name \*

First \*  Middle  Last \*

Other Name / Maiden Name

Address

Street \*

Street2

Street Is Unknown

City \*  New York  ZipCode \*

Postal Address Unknown

County of Residence \*

-- choose NY county --

Date of Birth or Approximate Age

Date Of Birth \*  MM/DD/YYYY

Date Of Birth Unknown

Social Security Number \*

Social Security Number Unknown

Gender \*

Female  Male  Unknown

Race \*

White  Black  American Indian/ Alaskan  Asian Pacific Islander  Other  Unknown

Diagnosis \*

(for example: type 301.2 and a select list will appear. Either use arrows and press enter or choose with mouse)

Reason you believe the person is likely to engage in conduct that would result in serious harm to self or others including any specific threats, behaviors or actions:  
(for example: *patient is found to be suicidal, has a detailed plan and is unwilling to contract for safety*)

Enter any specific threats, behaviors or actions here.

- d. **Security Check & Submission:** Once the Reporting Professional is done with their data entry and decides to complete the submission process, they will need to enter the security code and click on the “Submit” button. Clicking on the “Clear” button will erase all of the entered data and a new screen will be displayed to allow the User to start again.

Enter Security And Submit:



Version: 1.0.2.5  
© 2013. New York State Office of Mental Health. All rights reserved.

## 2.1. Validator Callouts

The ISARS Reporting Portal is designed to guide the Mental Health Professional in filling out the report as completely and accurately as possible. To accomplish this, the developers use both “validator callouts” and “balloon help” (described in the next section.)

A **validator** is a computer program used to check the validity or syntactical correctness of a fragment of code or document. Validator callouts are yellow boxes that may be displayed when:

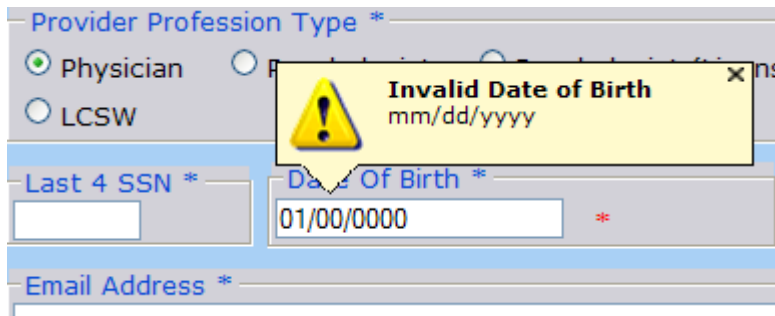
- the User tabs or clicks out of a required field without entering data (depending on the browser, it might not display until the User exits and clicks back into the field)
- a User tabs or clicks out of a field where data has been entered in an incorrect format

The text of the callout will offer guidance on how the field is to be filled out as shown in the following illustration of the validator callout for the reporting Professional’s First Name field:



Where possible, the application prevents Users from entering incorrectly formatted data. For example, it is not possible to enter numeric characters into the name field; it will only accept upper and/or lower case letters, an apostrophe/single quote, a space or a dash as they are all permissible for use in a person’s first or last name.

In fields where invalid data may be entered, (e.g., entering ‘32’ into the “DD” portion of a date field) a validator callout will display when the User tabs or clicks out of the field.



Provider Profession Type \*

Physician  LCSW

Last 4 SSN \*

Date Of Birth \*

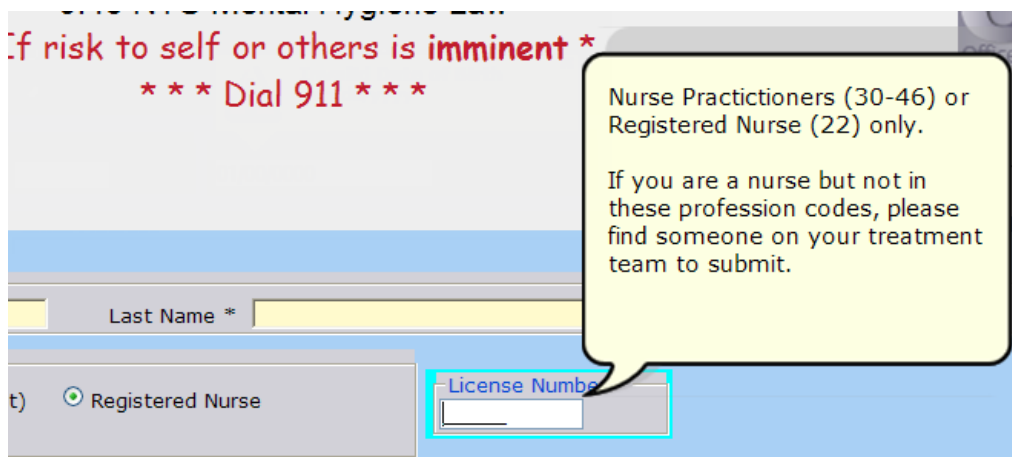
01/00/0000 \*

Email Address \*

**Invalid Date of Birth**  
mm/dd/yyyy

## 2.2. Balloon Help

Balloon Help is similar to validator callouts in that it displays in a box and offers guidance on how a field should be filled out. The difference is that Balloon Help does not perform validation; it merely provides guidance based on feedback that has been received from Users of the ISARS Reporting Portal.



If risk to self or others is imminent \*

\*\*\* Dial 911 \*\*\*

Last Name \*

Registered Nurse

License Number

Nurse Practitioners (30-46) or Registered Nurse (22) only.

If you are a nurse but not in these profession codes, please find someone on your treatment team to submit.

### 3. DATA ENTRY FOR REPORTING PROFESSIONALS

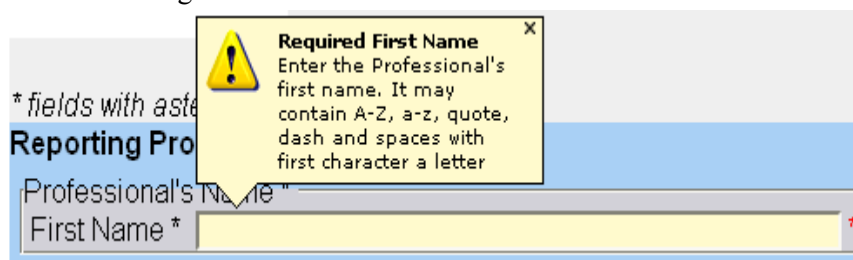
#### 3.1. Navigation Tips

Users can enter data into a field by first navigating to that field by either clicking in to it, or using the tab key to move the cursor into it. The recommended method is to tab in to the field, which places the cursor at the beginning of the field.

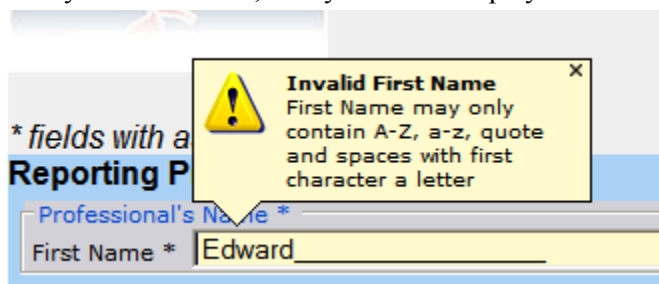
- Press the “Tab” key to move the cursor forward through the form fields
- Press “Shift + Tab” (press the shift key first and press the tab key while still holding down the shift key) to move the cursor backwards through the form fields
- To move through a row of “Radio Buttons” (round, checkable fields as pictured in the “Provider Profession Type” group box, below) click or tab into the first radio button and use the right or left arrow keys to move forward or back, respectively, through the radio buttons.
- To “Select” (check) a Radio Button either click on the radio button, or navigate to the radio button using the arrow keys as described above and press the spacebar.

#### 3.2. First Name – (Required Field)

1. First Name is a required field. If it is left blank or contains all spaces, the system will popup an error message.



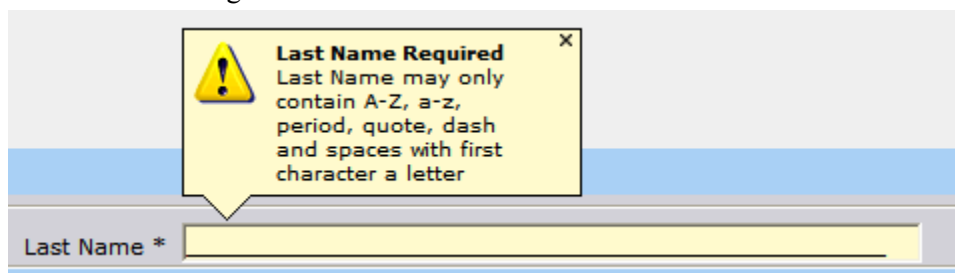
2. Numeric values are not allowed and cannot be entered. The First Name may only contain the values “A-Z”, “a-z”, a single quote (apostrophe), dash and spaces. The first character must be a letter.
3. Alias first names can be provided, separating each with a comma.
4. For any invalid entries, the system will display an error message



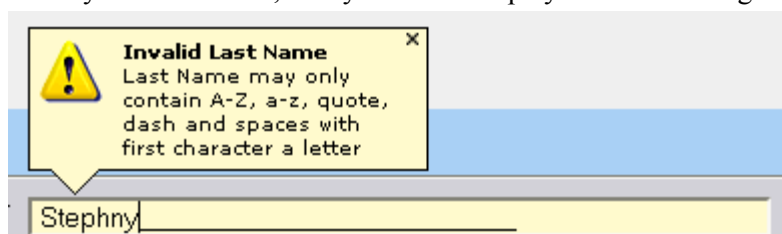
5. As the User tabs out of the first name field, any invalid data entry will prompt system to display a red “\*” just after the text box, indicating that First Name is in error.
6. When the User re-enters a valid first name, the red “\*” will disappear.

### 3.3. Last Name – (Required Field)

1. Last Name is a required field. If it is left blank or contains all spaces, the system will popup an error message.



2. Numeric values are not allowed. The Last Name May only contain the values “A-Z”, “a-z”, quotes, dash and spaces with first character must be a letter.
3. Alias last names can be provided, separating each with a comma.
4. For any invalid entries, the system will display an error message



5. As the User tabs out of the last name field, any invalid data entry will prompt the system to display a red “\*” just after the text box, indicating that Last Name is in error.
6. When the User re-enters a valid last name, the red “\*” will disappear.

### 3.4. Provider Profession Type – (Required Field)

1. Provider Profession Type is a required field. The User must select any one of the radio buttons that match their profession type.
2. Except for “Psychologist (License Exempt)”, all other Profession Types are required to enter a NYS License Number in the box under “License Number”

Note: Since the system validates the providers, a Nurse Practitioner should always select “Registered Nurse” as their provider professional type.

Provider Profession Type \*

Physician
  Psychologist
  Psychologist (License Exempt)
  Registered Nurse
  LCSW

License Number \*

- If the User selects “Psychologist (License Exempt)”, the system will not display the box for entering a License Number as it is not required.

Provider Profession Type \*

Physician
  Psychologist
  Psychologist (License Exempt)
  Registered Nurse
  LCSW

- Depending on which Provider Profession Type is selected, the system will display balloon help to guide the User in selecting the correct type.

\*\*\* Dial 911 \*\*\*

\* fields with asterisk are required

**Reporting Professional:**

Professional's Name \*

First Name \* Last Name \*

Provider Profession Type \*

Physician
  Psychologist
  Psychologist (License Exempt)
  Registered Nurse
  LCSW

License Number \*

Licensed Psychologist (68) only.  
Licensed Master Social Workers, Art Therapists, LMHC, etc. cannot submit under MHL9.46. Please find someone on your treatment team to submit.

### 3.5. Provider License Number – (Required Field)

- The License Number must either have six numeric digits, or start with a “B”, “I”, or “L” followed by five digits. For any invalid entry, the system will popup an error message.

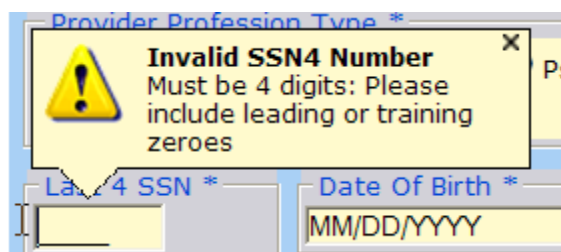
License Number \*

**Invalid License Number**

Must be either 6 digits or start with B,I,L followed by 5 digits. For example 222222, L12345, I12345. Please include leading and trailing zeroes

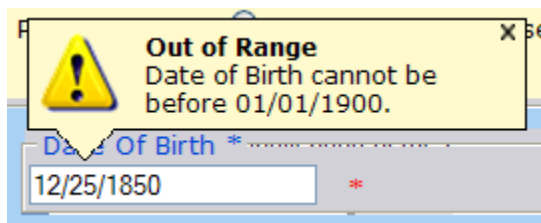
### 3.6. Last 4 of SSN – (Required Field)

- The Reporting Professional must enter last four digits of their SSN. For any invalid entry the system will popup an error message.

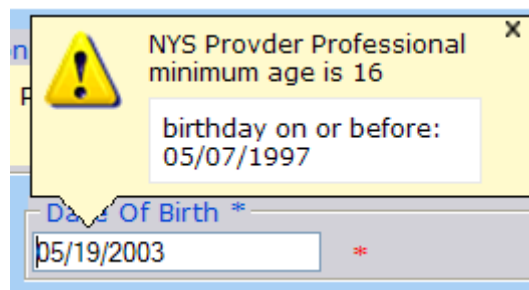


### 3.7. Date of Birth – (Required Field in MM/DD/YYYY)

1. Date of Birth is a required field. If it is missing or invalid, the system will display appropriate error messages.



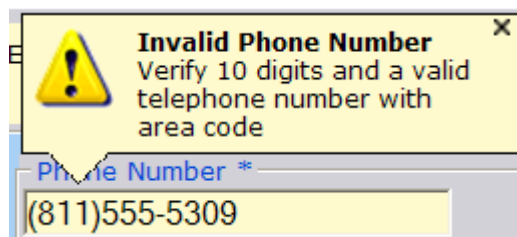
2. For NY SAFE Act reporting, the minimum age of the Reporting Professional must be 16 years.
3. Age is calculated based on the current date minus the date of birth (DOB). The result should be greater than or equal to 16 years.
4. If the age is less than 16 years, the system will display an error message.



### 3.8. Phone Number – (Required Field)

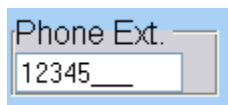
1. Phone Number is a required field. If it is missing or invalid, the system will display an appropriate error message.
2. Phone Number should be entered in the standard format (999) 999-9999





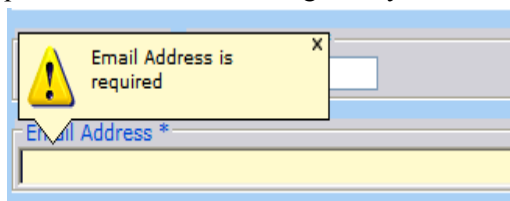
### 3.9. Phone Number Extension – (Optional Field)

1. This is an optional field. If entered, it should contain a valid extension number.

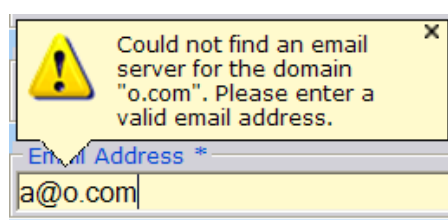
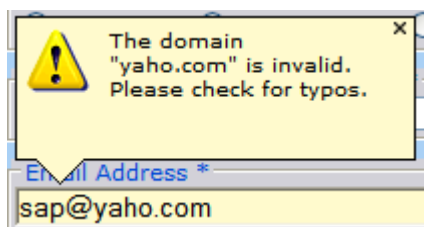
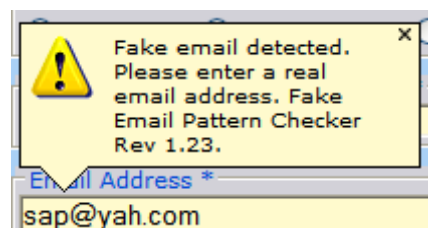
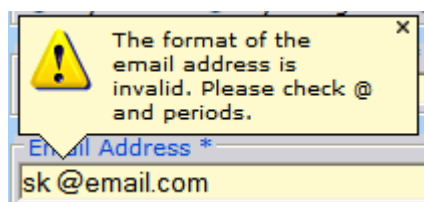


### 3.10. Email Address – (Required Field)

1. E-mail Address is a required field. If it is missing, the system will display an error message.



2. A valid email address should be entered in the standard format. For any invalid entry, the system will display error messages, as shown below:



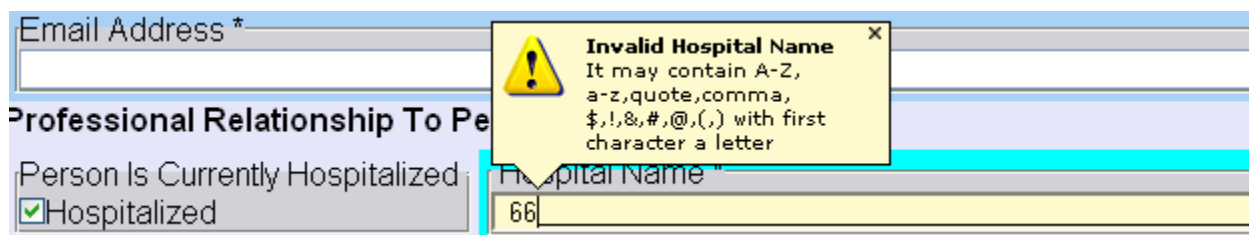
## 4. DATA ENTRY - “PROFESSIONAL RELATIONSHIP TO PERSONS”

### 4.1. Person is Currently Hospitalized

1. If the patient being reported is hospitalized and the Reporting Professional is submitting the details on behalf of the hospital, then the “Hospitalized” check box should be checked.

Hospitalized

2. A valid hospital name is required to be entered. For any invalid entry, an error message will popup.

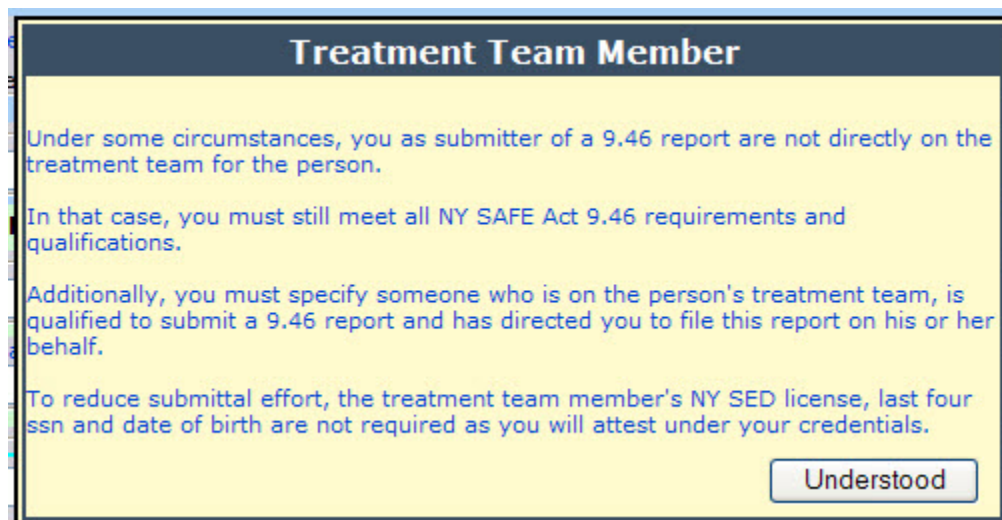


The screenshot shows a web form with the following elements:

- Email Address \***: A text input field.
- Professional Relationship To Person**: A dropdown menu.
- Person Is Currently Hospitalized**: A checkbox labeled  Hospitalized.
- Hospital Name**: A text input field containing the number "66".
- Invalid Hospital Name** error message: A yellow warning box with a yellow triangle icon. The text reads: "Invalid Hospital Name. It may contain A-Z, a-z, quote, comma, \$, !, &, #, @, (, ) with first character a letter".

### 4.2. Treatment Team Member

1. All Reporting Professionals must indicate if they are directly seeing or on the treatment team of the Person Being Reported. The following pop-up guidance is displayed when the user clicks the “Help” icon alongside the “Treatment Team Member” label:



The screenshot shows a pop-up window titled "Treatment Team Member" with the following text:

Under some circumstances, you as submitter of a 9.46 report are not directly on the treatment team for the person.

In that case, you must still meet all NY SAFE Act 9.46 requirements and qualifications.

Additionally, you must specify someone who is on the person's treatment team, is qualified to submit a 9.46 report and has directed you to file this report on his or her behalf.


To reduce submittal effort, the treatment team member's NY SED license, last four ssn and date of birth are not required as you will attest under your credentials.

2. By default, the “I am on the treatment team for person being reported” checkbox is “checked” when the reporting profession first opens the Safe Act Reporting portal.

## Professional Relationship To Person:

Person Is Currently Hospitalized

Hospitalized

Treatment Team Member 

I am on the treatment team for person being reported.

If the Reporting Professional is not a member of the treatment team then contact information for a member of the treatment team must be provided. When the “I am on the treatment team for person being reported” checkbox is unchecked by the Reporting Professional, then the system will display a group box for the Reporting Professional to provide contact information for the treatment team member. Note that the License Number is not collected for the treatment team member as the submitter is submitting the report using their own credentials. (see: [Proxy Reporter Attestation – \(Required Action\)](#) )

### Provide A Treatment Team Member Contact:

Contact Name

First Name \*  Last Name \*

Contact Profession Type \*

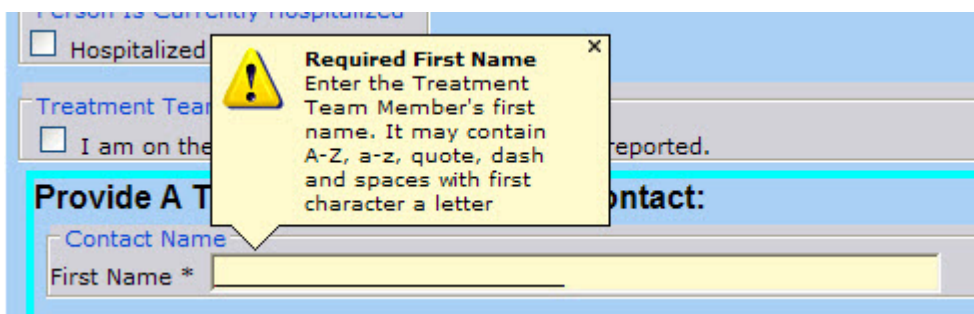
Physician  Psychologist  Psychologist (License Exempt)  Registered Nurse

LCSW

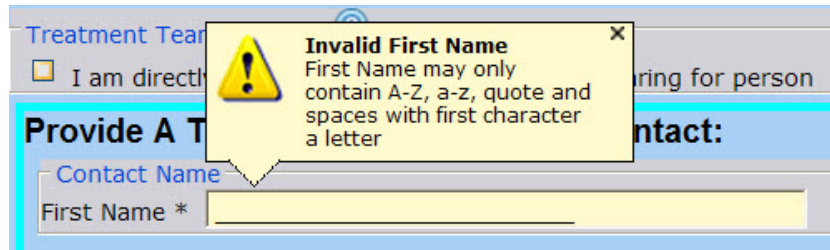
Contact Phone Number \*  Contact Phone Ext.

#### 4.2.1. First Name – (Required Field)

1. First Name is a required field. If it is left blank or contains all spaces, the system will popup and error message.



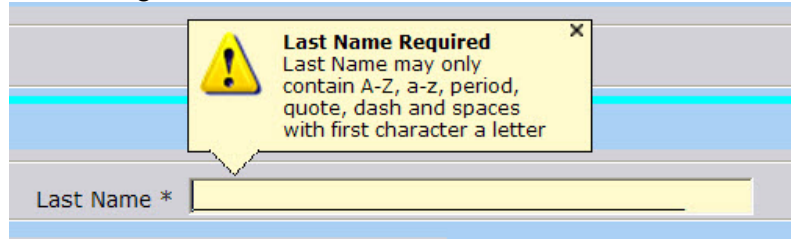
2. Numeric values are not allowed and cannot be entered. The First Name may only contain the values “A-Z”, “a-z”, a single quote (apostrophe), dash and spaces. The first character must be a letter.
3. Alias first names can be provided, separating each with a comma.
4. For any invalid entries, the system will display an error message.



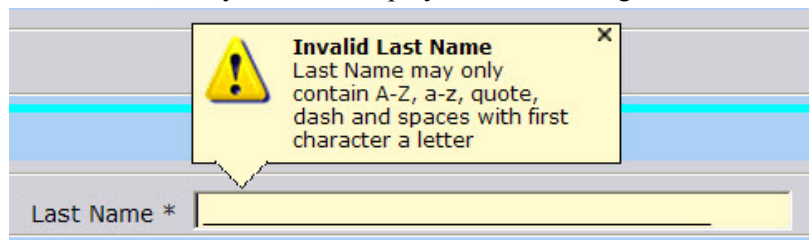
5. As the User tabs out of the first name field, any invalid data entry will prompt the system to display a red “\*” just after the text box, indicating the First Name is in error.
6. When the User re-enters a valid first name, the red “\*” will disappear.

#### 4.2.2. Last Name – (Required Field)

1. Last Name is a required field. If it is left blank or contains all spaces, the system will pop up an error message.



2. Numeric values are not allowed. The Last Name May only contain the values “A-Z”, “a-z”, quotes, dash and spaces with first character must be a letter.
3. Alias last names can be provided, separating each with a comma.
4. For any invalid entries, the system will display an error message



5. As the User tabs out of the last name field, any invalid data entry will prompt the system to display a red “\*” just after the text box, indicating that Last Name is in error.
6. When the User re-enters a valid last name, the red “\*” will disappear.

#### 4.2.3. Contact Profession Type – (Required Field)

1. Contact Profession Type is a required field. The Reporting Professional must select any one of the radio buttons that matches the profession type for the treatment team member aware of the submission.
2. Unlike the mental health professional above, the profession type must be chosen to verify compliance with 9.46; however the treatment team member's license number, dob and last four ssn are not requested.

Contact Profession Type \*

Physician
  Psychologist
  Psychologist (License Exempt)
  Registered Nurse
  LCSW

#### 4.2.4. Contact Phone Number – (Required Field)

- Contact Phone Number is a required field. If it is missing or invalid, the system will display an appropriate error message.
- Contact Phone Number should be entered in the standard format (999) 999-9999



#### 4.2.5. Contact Phone Extension – (Optional Field)

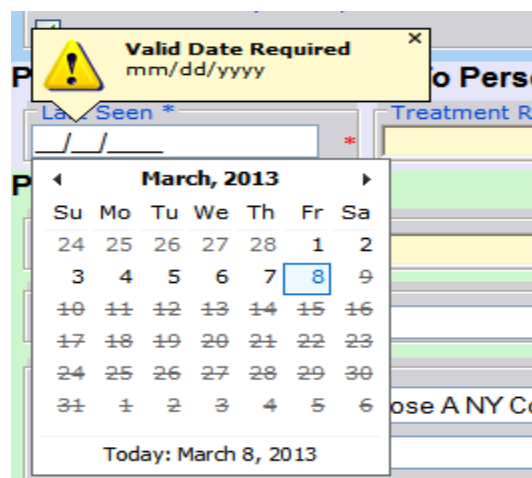
- This is an optional field. If entered it should contain a valid extension number.

Contact Phone Ext.

12345

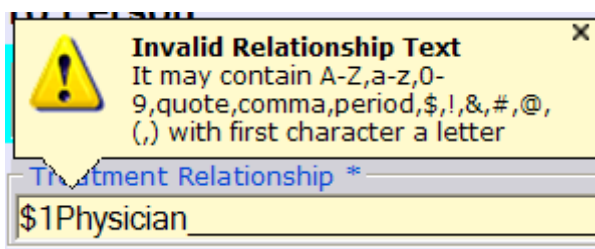
#### 4.3. Last Seen – (Required Field)

- Last Seen is required field. A valid date may be entered, or selected from the drop down calendar. This should be the date when the patient was last seen by the Reporting Professional .



#### 4.4. Treatment Relationship – (Required Field)

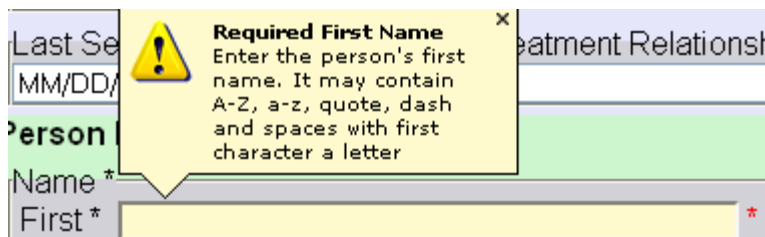
1. This is a required text field. The Reporting Professional must enter their professional relationship with the patient being reported.
2. The system will display an error message for any invalid entry (e.g., the first character is not a letter).



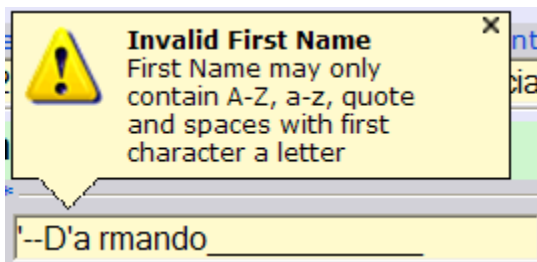
## 5. DATA ENTRY - “PERSON BEING REPORTED”

### 5.1. First Name – (Required Field)

1. First Name is a required field. If it is not entered, the system will display an error message.



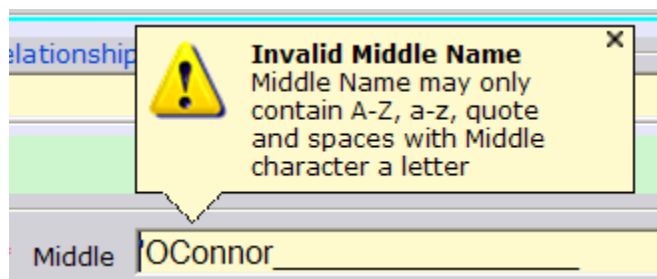
2. For any invalid entries, the system will display an error message.



3. Numeric values are not allowed (and cannot be entered). First Name may only contain the values “A-Z”, “a-z”, quotes, dash and spaces and the first character must be a letter.
4. First Name must not have all spaces.
5. Alias first names can be provided, separating each with a comma.
6. As the User tabs out of the First Name field, any invalid data entry will prompt the system to display a red “\*” just after the text box, indicating that First Name is in error.
7. When the User re-enters a valid first name, the red “\*” will disappear.

## 5.2. Middle Name – (Optional Field)

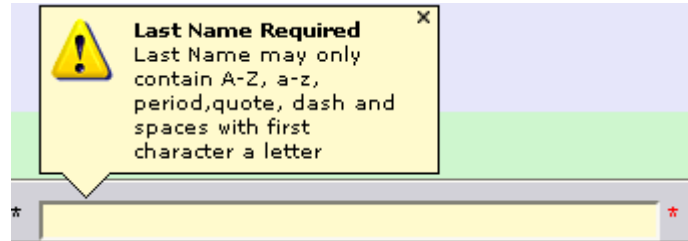
1. This is an optional field.
2. For any invalid entries, the system will display an error message.



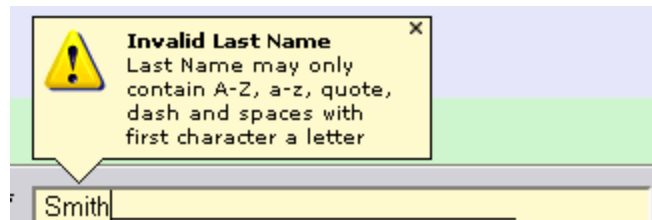
3. Numeric values are not allowed and can not be entered. May only contain values “A-Z”, “a-z”, quotes, dash and spaces and the first character must be a letter (message will be corrected from “...spaces with Middle...” to “First” in next release).
4. Middle Name can be left blank, but cannot contain all spaces.

## 5.3. Last Name – (Required Field)

1. Last Name is a required field. If it is not entered, the system will display an error message.

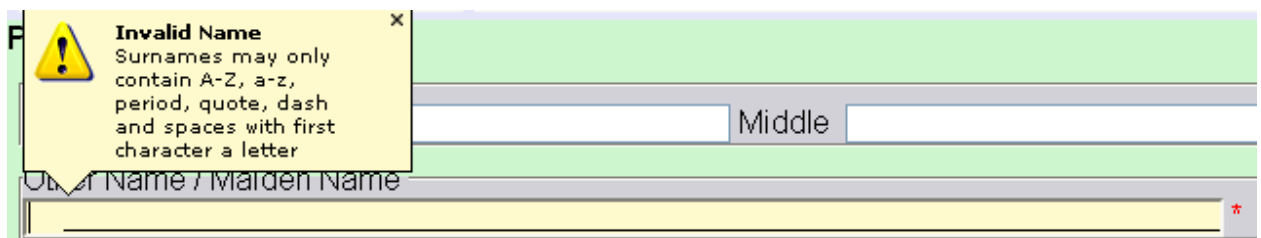


2. For any invalid entries, system will display an error message.
3. Numeric values are not allowed. Last Name may only contain the values “A-Z”, “a-z”, quotes, dash and spaces, and the first character must be a letter.
4. Last Name cannot contain all spaces.
5. Alias last names can be provided, separating each with a comma.
6. As the User tabs out of the Last name field, any invalid data entry will prompt the system to display a red “\*” just after the text box, indicating that Last Name is in error.
7. When the User re-enters a valid Last Name, the red “\*” will disappear.



#### 5.4. Other Name / Maiden Name – (Optional Field)

1. This is an optional field.
2. For any invalid entries, the system will display an error message.

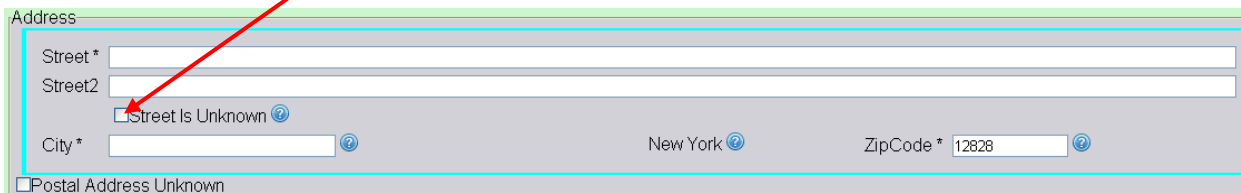


3. Numeric values are not allowed. Other Name / Maiden Name may only contain the values “A-Z”, “a-z”, quotes, dash and spaces, and the first character must be a letter.
4. Other Name / Maiden Name may be left blank, but must not contain all spaces.

#### 5.5. Street Address Unknown




If the Street Address of the subject of the report is not known to the Reporting Professional, and cannot be obtained through any means, the User should check the “Street Is Unknown” checkbox located just below the “Street2” text Entry line:






Address

Street \*

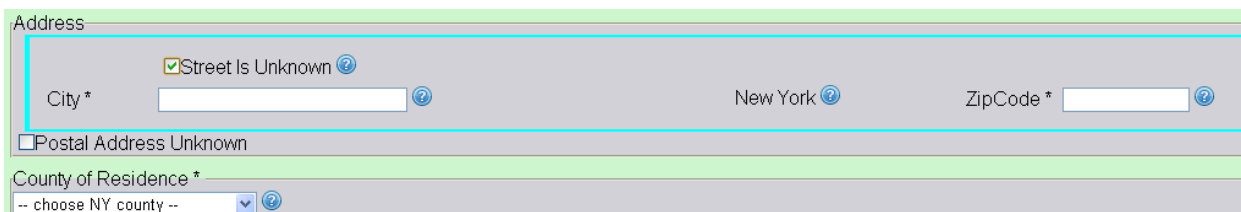
Street2

Street Is Unknown 


City \*   New York  ZipCode \*  12828 




Postal Address Unknown

Doing so will hide the “Street” and “Street2” text entry lines but still enable the entry of the subject’s “City”, “State” (which is always “NY”) “Zip Code” and “County of Residence”.




Address

Street Is Unknown 

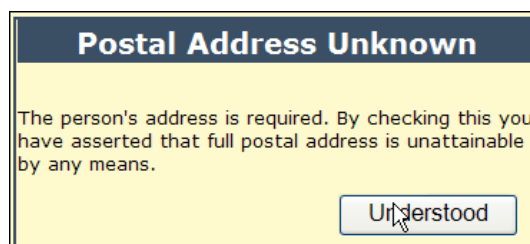
City \*   New York  ZipCode \*  

Postal Address Unknown

County of Residence \*  
-- choose NY county -- 

## 5.6. Postal Address Unknown

If neither the Street Address, City, Zip Code, nor County of Residence for the subject are known, and are not attainable by any means, the User must check the “Postal Address Unknown” box. They will then be required to click “Understood” to the following message before proceeding with data entry:



**Postal Address Unknown**

The person's address is required. By checking this you have asserted that full postal address is unattainable by any means.

## 5.7. Street/City/State/Zip Code – (Required fields if address is known)


**New in Version 1.0.2.5:** Geographic Information System will automatically fill in the Zip Code and County when a valid Street Address and City are entered, or a valid City and County when a valid Street Address and Zip Code are entered.




1. If the address is known, then the User must enter the street address, street address 2(optional), city name, and zip code. All fields should be valid entries.
2. “New York” State is selected by default and cannot be changed as Users should only report on New York State residents.

Address

Street \*


Street2

Street Is Unknown 

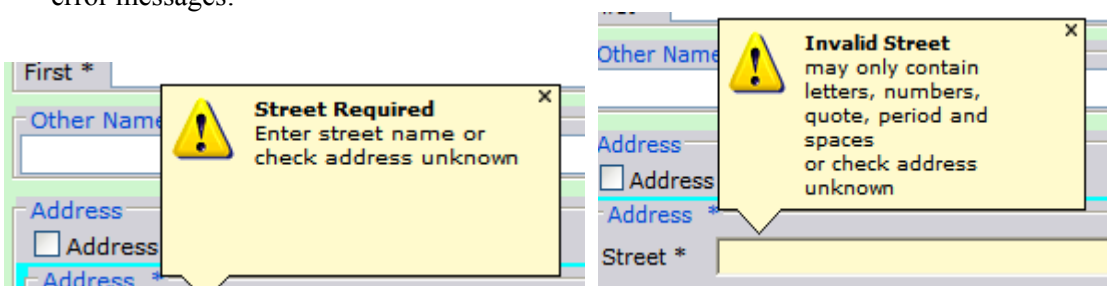
City \*   New York  ZipCode \*  

Postal Address Unknown

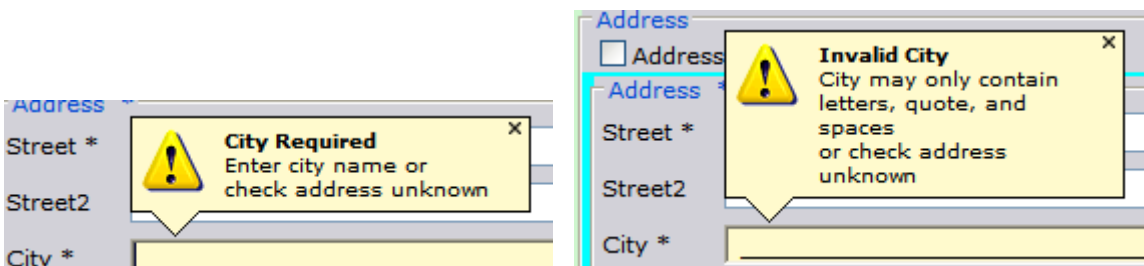
County of Residence \*


-- choose NY county -- 

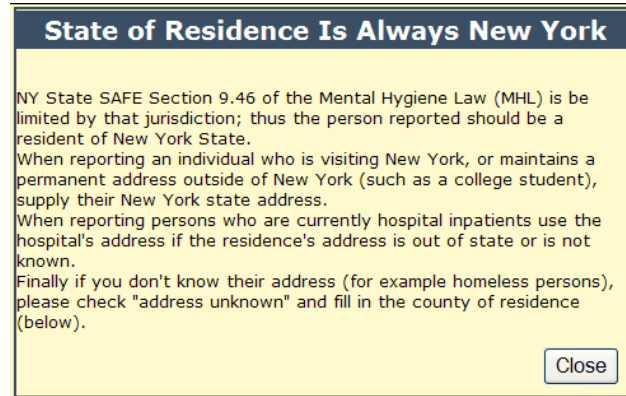
3. Street: The Street field will not accept special characters; only letters, numbers, quotes, periods, or spaces may be entered. Any missing or invalid entries for street will generate error messages:



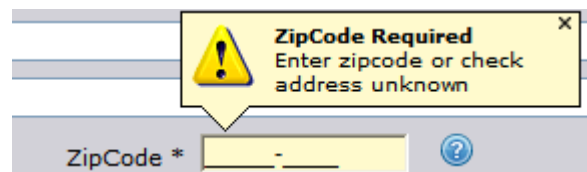
4. Street2: is an optional field.
5. City: Other than a single quote (apostrophe) the City field will not accept special characters or numbers. Any invalid entries for a city (e.g., spaces in the first character) will generate error messages:




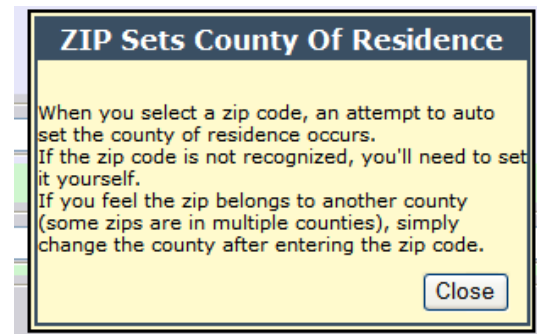
6. State: This is preselected as "New York". Clicking the  will pop up a message window describing the requirements for this field. Select "Close" to close this.



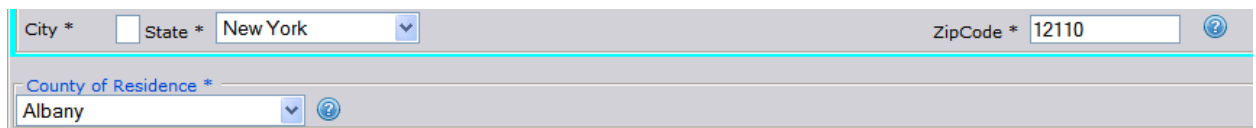
7. Zip Code: Enter a valid Zip Code. This field will not accept letters, special characters, or spaces.



A click on the , will pop up a message window, describing the requirements for this field, select “Close” to close this.



In the following example, the entered zip code is “12110”; the system will automatically populate the county of residence as “Albany”



In this example, the entered zip code of “12828” belongs to multiple counties. The User must select a county or opt to manually set it by clicking the “Manually Set Later” button and selecting the county of residence from the “County of Residence” drop-down

**Zipcode Spans Multiple Counties**

The County of Residence cannot automatically be set using this zipcode since it spans counties.  
Click To Choose A County:

Saratoga

Washington

### 5.8. Address: County of Residence – (Required Field)

1. If address of the patient being reported is known and a valid zip code is entered correctly, the County of Residence that matches the Zip Code will either be automatically populated, or the User will be presented with the option of selecting matching counties from a pop-up message, as shown in #7 of [Section 5.5](#), above.
2. If the address is not known, but the County of Residence of the person being reported is known, the correct county should be selected from the drop down list of NYS counties.
3. If the subject's County of Residence is not available, the Reporting Professional should select his/her own County of Residence.

County of Residence \*

-- choose NY county --

Date Of Birth

MM/DD/YYYY

Social Security Number

Race \*

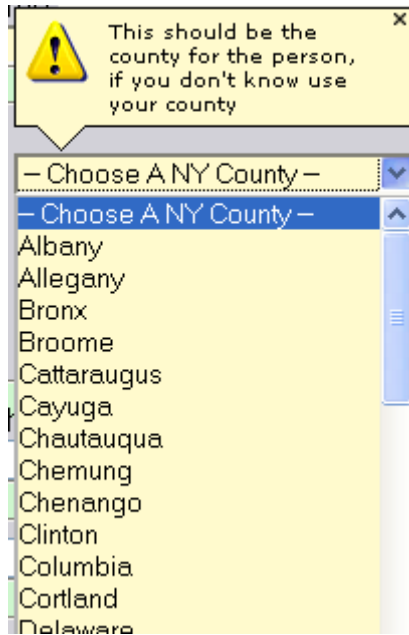
White  Black  American Ind

**NY County Is Required**

The county of the person is required for routing.

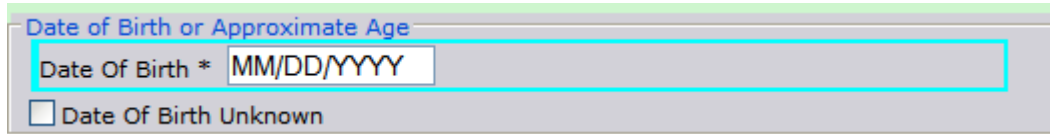
If you know the person's zip code, this field will auto-set the county.

If you absolutely don't know, please use your office's NY county of practice.

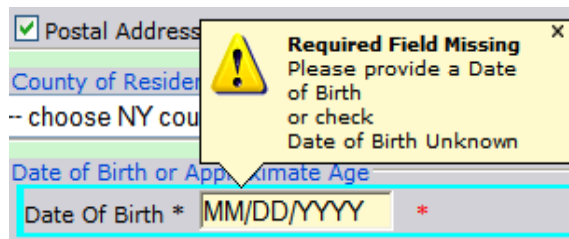


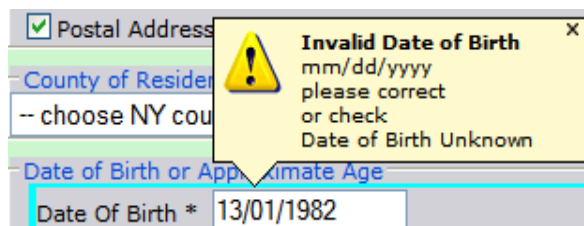
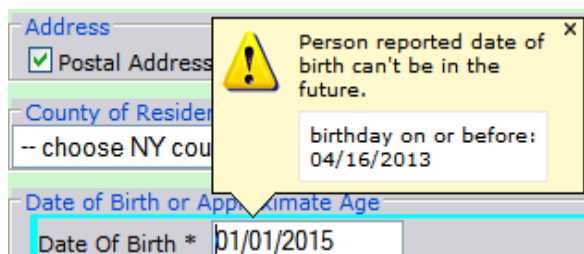
**5.9. Date of Birth or Approximate Age – (Required Field if DOB is known)**

1. For SAFE Act reporting, the minimum age of the patient being reported must be between 0 - 120 years.

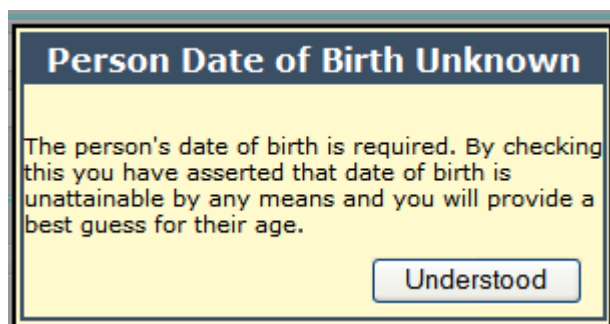


2. If birth date of the person being reported is known, a valid date must be entered. Any invalid date entries will cause the system to display error messages.







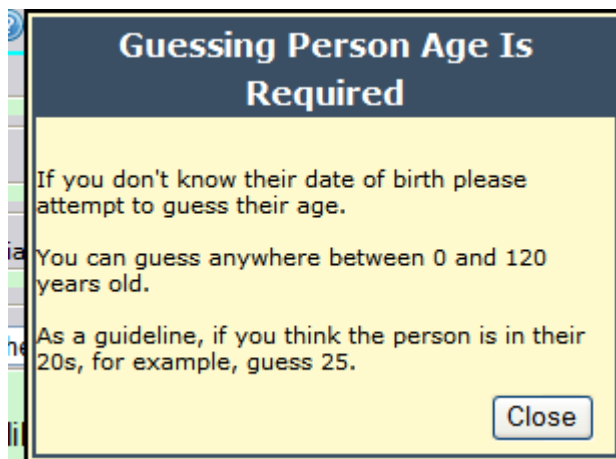
- If DOB of the person being reported is not available, the Reporting Professional must select and check the “Date of Birth Unknown” check box. A pop up message window will then display the requirements for this field; clicking on the “Understood” button will close this.



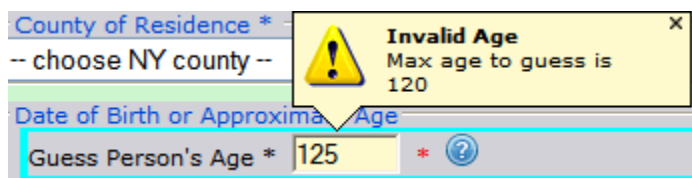
- If DOB of the person being reported is not available, the Reporting Professional must guess his/her approximate age and enter it in the “Guess Person’s Age” field.



- Clicking on the  for the “Guess Person’s Age” field will display a pop-up message window, explaining the requirements for this field; clicking on the “Close” button will close it.

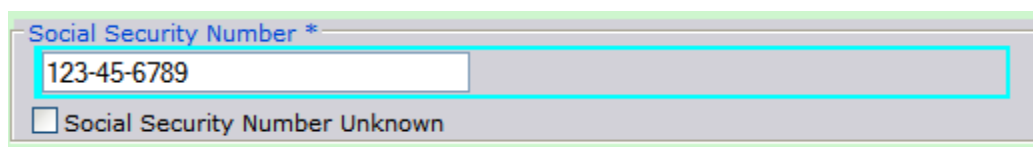
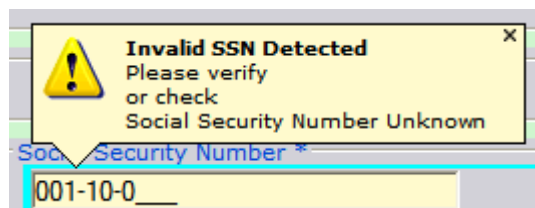


- The system will validate the age range and will generate error message if it is more than 120 years.

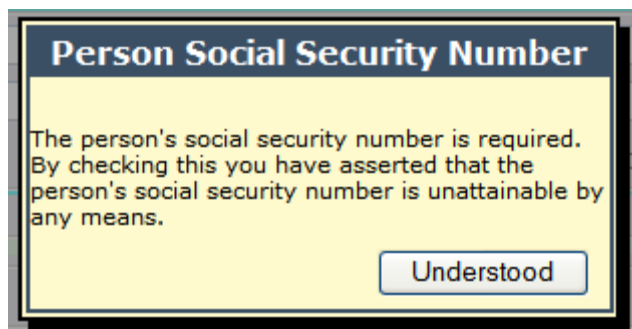


### 5.10. Social Security Number – (Required Field)

- Social Security Number (SSN) of the person being reported is a required field. If known, it must be reported. Any invalid entry will generate an error message.

- If the SSN of the person being reported is not available or not attainable by any means, the Reporting Professional must select and check the “Social Security Number Unknown” check box. A pop up message window will then display the requirements for this field. Clicking on the “Understood” button will close this.

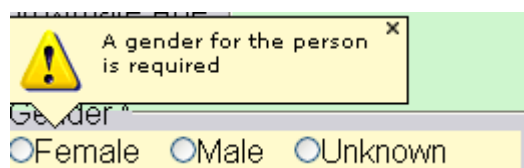


### 5.11. Gender – (Required Field)

1. Gender is a required field. If none of the radio buttons for gender are selected, the system will display an error message.

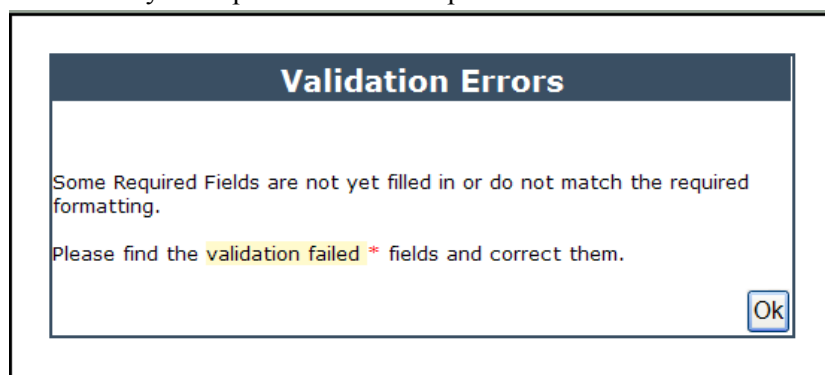
Gender \*

Female  Male  Unknown



### 5.12. Race – (Required Field)

1. Race is a required field. If none of the radio buttons for race are selected, the system will alert the User when they attempt to submit the report.



Clicking “Ok” will close the “Validation Errors” message. The User should then go and select one of the radio buttons must be selected for the appropriate race.

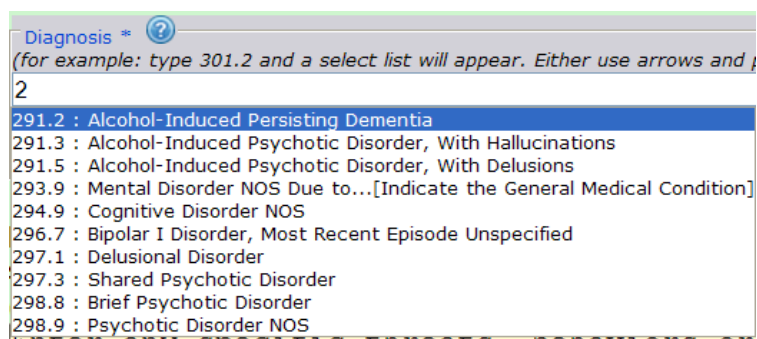
Race \*

White  Black  American Indian/ Alaskan  Asian Pacific Islander  Other  Unknown

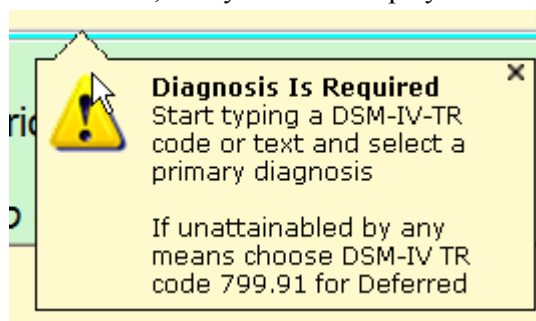


### 5.13. Diagnosis – (Optional Field If Unknown)

1. This is an optional field only if the Diagnosis is unknown. If the Diagnosis Code is unattainable by any means, the Reporting Professional should select code “799.91: Diagnosis or Condition deferred on Axis I”.
2. To search for a diagnosis code, enter at least one letter or number. For example if the User has entered “2”, system will display a list of DSM codes containing a “2” as shown below:



3. The User should select the most appropriate diagnosis code from the drop down list.
4. If a Diagnosis code is not selected, the system will display the following message:



5. If Characters are entered into the “Diagnosis” field, but no Diagnosis is selected from the drop-down the following warning message will display. Click “Close” to close it.

### Diagnosis Typed In But Code Not Selected

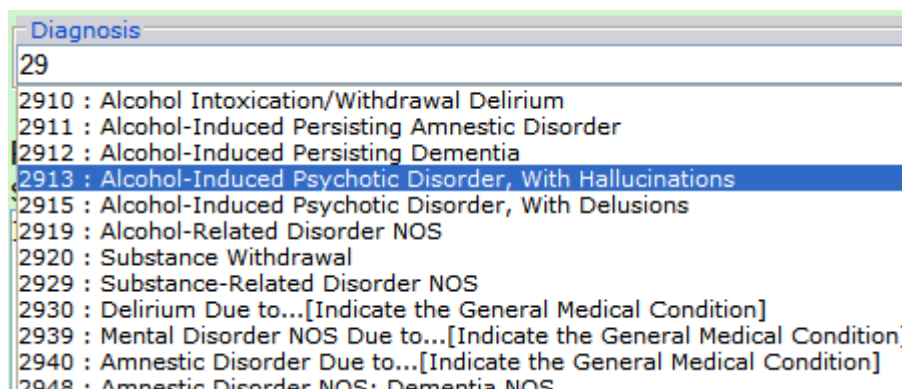
You entered in text into the diagnosis field but didn't select a diagnosis.

To select:

- Enter up to two characters and a dropdown will appear.
- Select the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) code (dot is optional)

Note that the search can match either the description or part of the code.  
For example:  
entering "29" will show a drop down list of all codes containing a 29  
entering "292.8" and "2928" will equivalently show diagnosis codes 292.81, 292.82, etc.  
entering "Disorder" will show all the diagnoses with that word in the description

6. Now click on the “Close” button and enter, for example, ”29”
7. Select the desired Diagnosis (in this example, “2913” is selected)

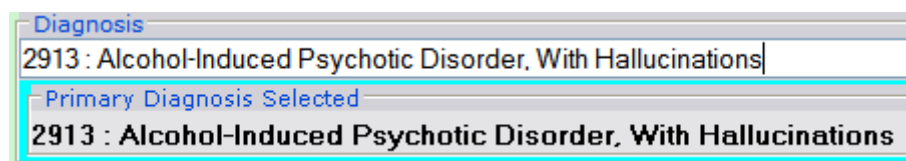


**Diagnosis**

29

- 2910 : Alcohol Intoxication/Withdrawal Delirium
- 2911 : Alcohol-Induced Persisting Amnesic Disorder
- 2912 : Alcohol-Induced Persisting Dementia
- 2913 : Alcohol-Induced Psychotic Disorder, With Hallucinations
- 2915 : Alcohol-Induced Psychotic Disorder, With Delusions
- 2919 : Alcohol-Related Disorder NOS
- 2920 : Substance Withdrawal
- 2929 : Substance-Related Disorder NOS
- 2930 : Delirium Due to...[Indicate the General Medical Condition]
- 2939 : Mental Disorder NOS Due to...[Indicate the General Medical Condition]
- 2940 : Amnesic Disorder Due to...[Indicate the General Medical Condition]
- 2948 : Amnesic Disorder NOS, Dementia NOS

8. The system will display the selected Diagnosis in the “Primary Diagnosis Selected” field.



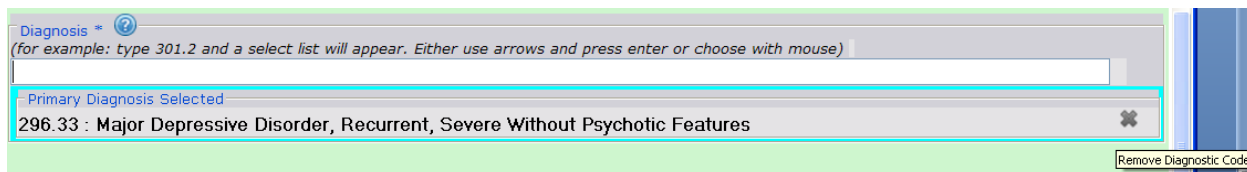
**Diagnosis**


2913 : Alcohol-Induced Psychotic Disorder, With Hallucinations

**Primary Diagnosis Selected**

**2913 : Alcohol-Induced Psychotic Disorder, With Hallucinations**


9. To delete a selected Diagnosis code and select another one, click on the “X” button and repeat the process for selecting a Diagnosis.



**Diagnosis \*** 

*(for example: type 301.2 and a select list will appear. Either use arrows and press enter or choose with mouse)*

**Primary Diagnosis Selected**

296.33 : Major Depressive Disorder, Recurrent, Severe Without Psychotic Features 



### 5.14. Reason – (Required Field)

1. This is a required field. The Reporting Professional must enter the reason why they believe the patient being reported is a specific threat. This text field has a minimum requirement of 50 characters, and an upper limit of 500 characters. The system will display either the amount of characters needed to reach 50, or the amount of remaining characters in the bottom of this box.

Reason you believe the person is likely to engage in conduct that would result in serious harm to self or others including any specific threats, behaviors or actions:  
*(for example: patient is found to be suicidal, has a detailed plan and is unwilling to contract for safety)*

Mr. R has stated that he intends

18 characters needed to meet minimum (50 chars)

Reason you believe the person is likely to engage in conduct that would result in serious harm to self or others including any specific threats, behaviors or actions:  
*(for example: patient is found to be suicidal, has a detailed plan and is unwilling to contract for safety)*

Patient has vague suicidal ideations. This patient was initially brought to the ER by police and subsequently became violent on the Psych Ward, threatening to obtain a weapon and shoot anyone who attempted to

292 characters remaining (500 max chars)



## 6. SUBMISSION AND REPORTING

### 6.1. Security & Submit – (Required Action)

1. This is a required action for security check.
2. Enter the CAPTCHA security code exactly as shown and click on the “Submit” button.

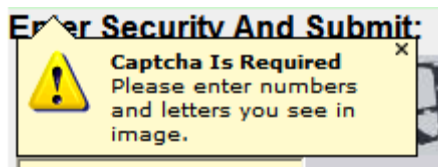
Enter Security And Submit:



A screenshot of the CAPTCHA security code entry form. The CAPTCHA code 'YS4E5' is displayed in a stylized font. Below the code is a text input field containing 'YS4E5' and a note: '( Upper and Lower Case Letters are accepted )'. To the right of the code are two icons: a refresh button and a speaker icon. Further right are 'Submit' and 'Clear' buttons.

YS4E5 ( Upper and Lower Case Letters are accepted )

Submit Clear

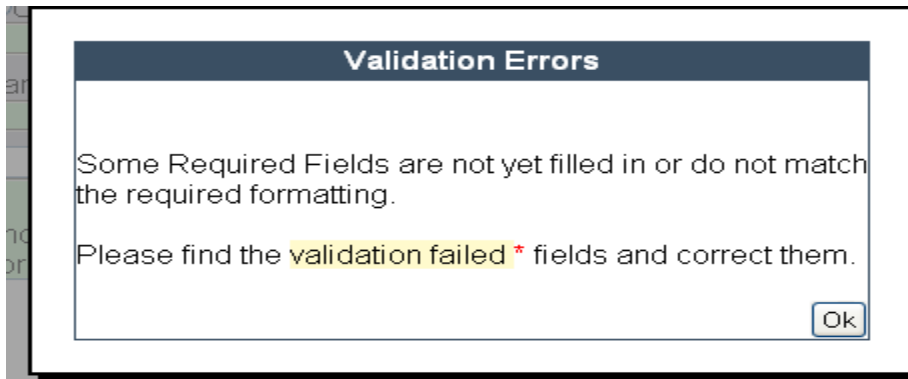
3. If the CAPTCHA security code is not entered, the system will display the following message:



4. If the Reporting Professional cannot read the Captcha code, they can click on this refresh button to receive a new one: 
5. If the reporting Professional cannot read the Captcha code due to visual impairment or other reasons, they can click the “speaker” icon to listen to an audio version of the CAPTCHA code: 

## 6.2. Validation & Resubmission - (Required Action)

1. Once a User has clicked on the “Submit” button, the system will verify and validate all of the entered data. If any entries are invalid or missing, the system will display a “Validation Error” message.
2. Click on the “OK” button.



3. System will display the data entry screen along with highlighted erroneous or invalid fields that are required to be fixed.

**Reporting Professional:**

Professional's Name \*  
 First Name \* Greg Last Name \* Thomas

Provider Profession Type \*  
 Physician  Psychologist  Psychologist (Unlicensed)  Registered Nurse  LCSW License Number \* 123456


Last 4 SSN \* 1234 Date Of Birth \* MM/DD/YYYY Phone Number \* Phone Ext. 2345

Email Address \* sdt@gmail.com

**Required Field Missing**  
 Please provide a Date of Birth.

4. Once all the fields in error are fixed with valid entries, the Reporting Professionals must enter a new CAPTCHA security code and click on the “Submit” button as before.

**Enter Security And Submit:**

 For security purposes please enter the code shown X6VF2

(Upper and Lower Case Letters are accepted)

### 6.3. Self Attestation - (Required Action)

1. After the system has successfully checked and validated all the data fields, and all are found to be complete and correctly formatted, a self attestation window will be displayed (see below).
2. Reporting Professionals will need to check the “Affirm All of the Above” check box, and click on the “Submit” button that displays when the “Affirm...” button is pressed.
3. If the Reporting Professional wishes, they can cancel the attestation process by clicking on the “Cancel” button without checking the “Affirm All of the Above” check box.

**Attest and Submit Report For NYS Section 9.46 of the Mental Hygiene Law**

**Yorba Linda**, declares, under penalty of perjury, that the following is true and correct:

- That the information provided on the report page is true and correct. I am submitting this information as required by Section 9.46 of the Mental Hygiene Law.
- I understand that providing the name, aliases, address, date of birth, ssn, gender, race, and primary diagnosis is important and omissions should only be for persons where it is not known.
- I am currently providing mental health treatment services to the individual who is the subject of this report.
- That the sole purpose of the disclosure of this information is for determining whether a firearm license issued pursuant to Section 400.00 of the Penal Law should be suspended or revoked, for determining whether a person is ineligible for a license issued pursuant to Section 400.00 of the Penal Law, or is no longer permitted under State or federal law to possess a firearm.
- I understand that if the individual has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to self or others, I should also call 911, contact my local DCS or designee or take other appropriate action for possible removal and transport to a hospital for an examination.

**Affirm All of the Above** Tue May 07 2013 15:27:23

#### 6.4. Proxy Reporter Attestation – (Required Action)

1. After the system has successfully checked and validated all the data fields, and all are found to be complete and correctly formatted, a proxy report attestation window will be displayed (see below).
2. Reporting Professionals will need to check the “Affirm All of the Above” check box, and click on the “Submit” button that displays when the “Affirm...” button is pressed.
3. If the Reporting Professional wishes, they can cancel the attestation process by clicking on the “Cancel” button without checking the “Affirm All of the Above” check box.

**Attest and Submit Proxy Report for NYS Section 9.46 of the Mental Hygiene Law**

**Doctor Test**, declares, under penalty of perjury, that the following is true and correct:

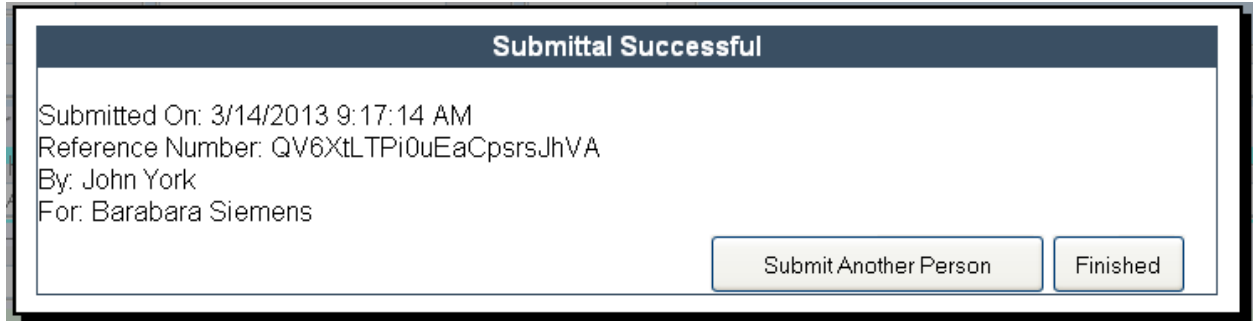
- I am a physician, psychologist, registered nurse or licensed clinical social worker and I am submitting this report on behalf of the professional identified in this report, who also is a physician, psychologist, registered nurse or licensed clinical social worker and who has recently provided mental health treatment services to the subject of this report and determined that, in his/her reasonable professional judgment, the subject of this report has a mental illness and is likely to engage in conduct that would result in serious harm to self or others.
- The identified treating professional has specifically directed me to file this report on his/her behalf, is aware that I am submitting this report, and has communicated to me the clinical reasons upon which he/she has determined that the subject is such a person. I have confirmed that the information provided in this report is complete, true and correct and is fully in accordance with the provisions of Section 9.46 of the Mental Hygiene Law, and I have included those reasons in this report.
- I have provided sufficient contact information so that the treating professional can be contacted to confirm such report or to provide additional information as required by the appropriate DCS or his/her designee.
- I understand that providing the name, aliases, address, date of birth, ssn, gender, race, and primary diagnosis is important to correctly identify the person who is the subject of this report and if any such information is omitted it is only because such information is unknown.
- That the sole purpose of the disclosure of this information is for determining whether a firearm license issued pursuant to Section 400.00 of the Penal Law should be suspended or revoked, for determining whether a person is ineligible for a license issued pursuant to Section 400.00 of the Penal Law, or is no longer permitted under State or federal law to possess a firearm.
- I understand that if the individual has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to self or others, I should also call 911, contact my local DCS or designee or take other appropriate action for possible removal and transport to a hospital for an examination.

**Affirm All of the Above**

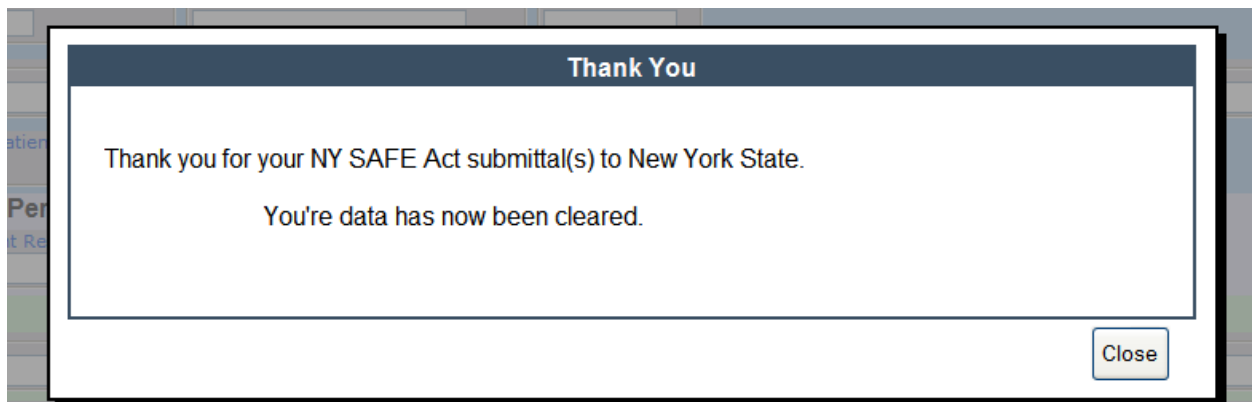


### 6.5. Submit another Person - (Optional Action)

1. For all successful submissions, the system will display the following window, showing details (date and time of submission, reference number, names of Reporting Professional and Patient). The For line will only be displayed for proxy submissions.
2. To submit another patient, the User must click on the “Submit another Person” button. To end the reporting process, the User must click on the “Finished” button.



3. The system will then display a “Thank You” message. Users must click on the “Close” button to end the session.





## 7. NEED HELP & “CONTACT US” OPTIONS

### 7.1. Need Help - (Optional Action)

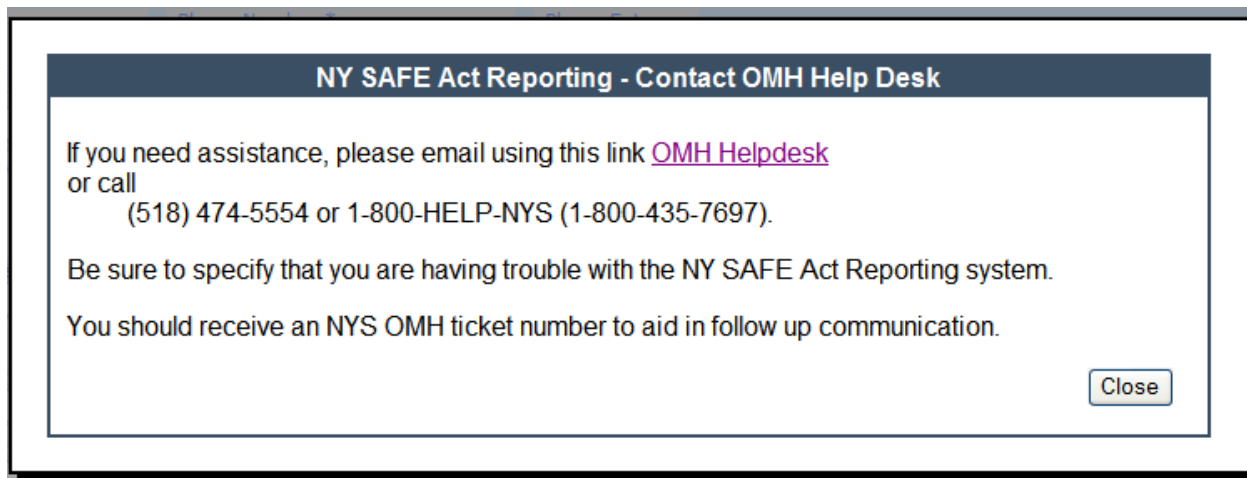
1. If you need any help, just click on the “[Help](#)” link, system will open the reporting portal user guide.

#### [Help](#)

### 7.2. Contact us for further Assistance - (Optional Action)

1. ISARS Users needing further assistance can click on the “[Contact Us](#)” link. The system will then display the following window with information on calling the OMH Helpdesk and a clickable link to send e-mail to the “[OMH Helpdesk](#).”

#### [Contact Us](#)



2. Clicking on the “[OMH Helpdesk](#)” link will open a mail message window (see below), for Users to enter their issues along with their name, email, and a description of the issue.

**IMPORTANT:** This message is sent by Unsecure mail, therefore, visitors should **NOT** transmit personal or medical information about themselves or other persons using this “Contact the Help Desk” function. **OMH CANNOT GUARANTEE THE PROTECTION/ INACCESSIBILITY BY OTHERS OF INFORMATION INCLUDED ON THIS FORM AND SENT TO OMH.**

This help request is then sent by clicking on the “[Send Mail](#)” button. The OMH Help Desk will respond as soon as possible.

## Mail Message

Please enter your name, e-mail address and message below, then press 'Send Mail'.


Your Name:

Your E-Mail:

Message:

Please note that although the message box does not change size the limit to the amount of content you can enter is 1000 characters. If the content is larger than the message box a scroll bar will appear (to the right of the box) so you can review all of your text before submitting.

called



Enter the words above:

[Get another CAPTCHA](#)

[Get an audio CAPTCHA](#)

[Help](#)

This form enables visitors to [www.omh.ny.gov](http://www.omh.ny.gov) to submit information to OMH by **UNSECURE EMAIL**. E-mail sent to OMH through this site is not secure, so visitors should **NOT** transmit personal or medical information about themselves or other persons using this function. **OMH CANNOT GUARANTEE THE PROTECTION/INACCESSIBILITY BY OTHERS OF INFORMATION INCLUDED ON THIS FORM AND SENT TO OMH.**

Clear Form

Send Mail