

DARMHA (Data Assessment Registry Mental Health & Addiction)

DARMHA Individual User and Confidentiality Agreement Form (Version 3: 1/31/12)

Indiana Family and Social Services Administration, Division of Mental Health and Addiction

The following form must be filled out and signed by each individual who will need access to DARMHA. Each individual must sign this form prior to receiving a User ID and Password. This form defines the requirement to maintain confidentiality and the employee agreement to abide by the system rules. The signed copy is to be kept with the Employee Personnel File.

DARMHA is an internet-based behavioral health assessment tool and registry system operated by the Indiana Division of Mental Health and Addiction (DMHA). All information in the system is confidential, and all users have a responsibility to abide by applicable confidentiality laws. Users who violate these laws will have access to DARMHA immediately revoked.

Patient- or provider-specific information is only available to authorized users.

By signing this form, the User acknowledges the conditions under which access to DARMHA is granted, and agrees to be held to these conditions. By signing below, each User acknowledges the following:

- I have read and agree to abide by the DARMHA Confidentiality Policy.
- I understand that Information contained in DARMHA is confidential.
- I am responsible for safeguarding my system User ID and Password. I will not post my DARMHA User ID and Password. I will not permit others to utilize my User ID and Password.
- My computer will not be left unattended when a DARMHA session is open. I will always log off and close the browser when finished with a DARMHA session.

I have read and agree to abide by the conditions that are described on this form.

Name of Mental Health Provider / Organization:	
Provider Identification Number (If applicable/available):	
<input type="checkbox"/> New User	<input type="checkbox"/> Current User / Change Password
First Name:	Last Name:
Email Address:	Telephone Number:
Communitrics ID:	
Provide Password (Minimum 8 characters and must include one number and one letter):	
Check the Secret Question desired (To be used in the event of a lost password – Check one question).	
<input type="checkbox"/> 1. Which phone number do you remember most from your childhood?	
<input type="checkbox"/> 2. What was your favorite place to visit as a child?	
<input type="checkbox"/> 3. Who is your favorite actor, musician, or artist?	
<input type="checkbox"/> 4. What is your favorite school subject?	
<input type="checkbox"/> 5. What is your grandfather's first name?	
Secret Answer: What is the answer to the question you selected?	
Internal Staff ID (Number created by the provider to identify each staff):	
CANS Certification Number and Expiration Date (if applicable):	
ANSA Certification Number and Expiration Date (if applicable):	
If the User is a Clinician please fill out the Clinician Verification Form. Also provide one of the following.	
1. Copy of Verification from Communitrics website	
2. Copy of dated certificate signed by Dr. Lyons	
3. Copy of email from Dr. Lyons	
4. Copy of dated paper scored CANS/ANSA from live training(from Dr. Lyons to DMHA)	
5. Copy of written signed, dated documentation of certification from Dr. Lyons-live training events	

Date:	User Signature:
Organization Designee Name:	Organization Designee Signature:

Check all Appropriate Job Functions

<input type="checkbox"/> Certified Clinician <div style="text-align: center; margin-left: 100px;">Check All that Apply to the Clinician</div> <div style="margin-left: 20px;"> <input type="checkbox"/> CANS certified <input type="checkbox"/> ANSA certified <input type="checkbox"/> CANS/ANSA certified </div>
<input type="checkbox"/> Data Entry
<input type="checkbox"/> Data Management
<input type="checkbox"/> Reporting
<input type="checkbox"/> Funding
<input type="checkbox"/> Read Only
<input type="checkbox"/> Department of Child Services (DCS) Worker
<input type="checkbox"/> Child Residential Provider

Import / Export Access - Gives the user ability to import and export data (Note: This status should only be given to a select few; the importing and exporting function has the ability to corrupt the data.)

Mail or fax the completed forms to:

DARMHA Support Center
Indiana Division of Mental Health and Addiction
402 W. Washington Street, W353
Indianapolis, IN 46204

Fax: 317-234-6722

Support: 317-232-7925