

DARMHA (Data Assessment Registry Mental Health & Addictions)

Clinician Only Form (Version 5: 3/8/12)

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

Use this form for clinicians that do not need a DARMHA user name and password.

Name of Organization:	
First Name:	Last Name:
Email Address:	Telephone Number:
Internal Staff ID (Number created by the provider to identify each staff):	
Communitrics ID (Number received from communitrics):	
Date:	Designee Signature:

Mail, E-mail or fax the completed form to:

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

Fax: 317-234-6722 **Support:** 317-232-7925

E-mail Address: darmha@fssa.in.gov