

DARMHA (Data Assessment Registry Mental Health & Addiction)

DARMHA New User Form

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 log in access to DARMHA.

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 Security and 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.

Organization Name:

First Name: Last Name:

Telephone Number (include Ext. if applicable):

Email Address:

Internal Staff ID (Employee ID at Organization):

If CANS or ANSA Certified, what is your External User ID?

Minimum 8 characters must include at least 1 upper and 1 lower case letter and a number or a special character.

Provide a temporary password:

What type of access is needed?

☐ Data Entry OR ☐ Read Only

Check Additional Access Requirements

- | | |
|---------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Import Capability | <input type="checkbox"/> Export Capability |
| <input type="checkbox"/> Add or Edit AMHH Application | <input type="checkbox"/> Add or Edit BPHC Application |
| <input type="checkbox"/> Read Only Access to AMHH Application | <input type="checkbox"/> Read Only Access to BPHC Application |

| | |
|-----------------------------|----------------------------------|
| Date: | User Signature: |
| Organization Designee Name: | Organization Designee Signature: |

Email the completed forms to:

Print Form

Email: DARMHA@fssa.in.gov