DARMHA - Data Assessment Registry Mental Health & Addiction

DARMHA Provider Registration Agreement Form (Version 2: 7/9/09)

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

DARMHA is an internet-based behavioral health assessment tool and registry system. Patient information is confidential and is only available to authorized users of the system. This form must be completed and on record with the DARMHA Support Center before Individual User & Confidentiality Agreements can be processed.

As a condition of participating in DARMHA, the Provider / Organization enters into this agreement with the Indiana Family and Social Services Administration, Division of Mental Health and Addiction, and agrees to the following:

- The Provider / Organization will abide by the requirements in the DARMHA Individual User & Confidentiality Agreement. Staff members that need access to DARMHA must sign the DARMHA Individual User & Confidentiality Agreement, which must be kept with the employee's personnel file.
- The Provider / Organization acknowledge that unauthorized disclosure of confidential information may result in civil penalties. The Provider / Organization will take all reasonable steps to assure employee compliance with confidentiality requirements.
- If an authorized user leaves the provider employment, the site CEO or designee must immediately notify the DARMHA Support Center to request user removal from the DARMHA system. This must occur prior to the employee's last day of employment.
- If this agreement is violated by any unauthorized misuse of the system, Indiana DMHA reserves the right to terminate access to the system.

Signing this form signifies agreement to be a DARMHA authorized organization. Please retain a copy for your records. Please fax or mail the original to the Indiana Division of Mental Health and Addiction.

Name of Mental Health Provider / Organization:	
Provider Identification Number (If applicable/available):	
Type of Organization (State Operated Facilities, Community Mental Health Center, etc):	
Provider / Organization Address:	
Provider / Organization City:	
Provider / Organization State:	
Provider / Organization Zip Code:	
Provider / Organization CEO Printed Name:	
Provider / Organization CEO Signature:	
Provider / Organization Designee: First/Last Name (This individual will control the Provider / Organization's DARMHA access. Designee will be the primary contact for the DARMHA Support Center.):	
Designee's Telephone Number:	
Designee's E-mail Address:	
Designee's Fax Number:	

☐ Check here if your organization is part of the Department of Child Services or a child residential care provider. Your Organization is NOT required to fill out Page 2.

Mail or fax the completed forms to:

DARMHA Support Center   **Fax:** 317-234-6722   **Support:** 317-232-7925
Indiana Division of Mental Health and Addiction
402 W. Washington Street, W353
Indianapolis, IN 46204

Provider / Organization Name: _____

Designee Signature: _____

Job Function	Assigned Features (Check appropriate features.)
Certified Clinician	☒ Demographic Features (Required) ☒ Episode Features (Required) ☒ Assessment Features (Required) ☐ NOMS Features ☐ EBP Features ☐ Diagnosis Features ☐ Encounter Features ☐ Funding Features
Data Entry	☐ Demographic Features ☐ Episode Features ☐ Assessment Features ☐ NOMS Features ☐ EBP Features ☐ Diagnosis Features ☐ Encounter Features ☐ Funding Features
Data Management	☐ Demographic Features ☐ Episode Features ☐ Assessment Features ☐ NOMS Features ☐ EBP Features ☐ Diagnosis Features ☐ Encounter Features ☐ Funding Features
Reporting	☐ Demographic Features ☐ Episode Features ☐ Assessment Features ☐ NOMS Features ☐ EBP Features ☐ Diagnosis Features ☐ Encounter Features ☐ Funding Features
Funding	☐ Demographic Features ☐ Episode Features ☐ Assessment Features ☐ NOMS Features ☐ EBP Features ☐ Diagnosis Features ☐ Encounter Features ☒ Funding Features (Required)
Read Only Access	☐ Demographic Features ☐ Episode Features ☐ Assessment Features ☐ NOMS Features ☐ EBP Features ☐ Diagnosis Features ☐ Encounter Features ☐ Funding Features