

Facility Approver Certification Appointment

For access to **Preadmission Screening and Resident Review (PASRR)** System

Facility Name: _____

Facility Address: _____

Facility City: _____ State: _____ Zip Code: _____

Facility Phone: _____

Facility Type: Skilled Nursing Facility (SNF) General Acute Care Hospital (GACH)

- Approvers are responsible for activating/inactivating Users in the facility and initiating/accepting file exchanges.
- Reusing e-mails is prohibited. Each Approver must have a unique and valid e-mail address.
- The Facility Administrator must e-mail this form to: PASRRIT@dhcs.ca.gov

Add/Remove Approvers:

Last Name	First Name	Job Title	Cell Phone	Email Address	Status
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove

Last Name	First Name	Job Title	Cell Phone	Email Address	Status
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove

Facility Administrator Certification: I, the undersigned:

Designate the above facility individuals to have independent authority to approve access requests and file exchanges in the PASRR system. DHCS may rely on approvals, denials, and changes made by the above individuals in its processing of access requests to this facility’s data in the PASRR system. As changes occur to the above approving contacts, I will sign an updated certification and forward it to DHCS.

Facility Administrator (Print Name)

Facility Administrator (E-mail address)

Facility Administrator (Signature)

Date

The personal and medical information collected on and with this form is confidential, subject to the Department of Health Care Services (DHCS) Notice of Privacy Practices that can be found [here](#). The Department of Health Care Services needs the information to enroll you to the PASRR online system. DHCS will not use or share the information for other purposes except with your permission or as permitted by law. You must provide all information requested on this form. If you do not provide all information requested, we cannot enroll you to the PASRR online system. In most cases, the individual(s) to whom this information pertains has the right to access it. DHCS is authorized to collect this information pursuant to Welfare and Institutions Code, Sections 14043 through 14043.75, the California Code of Regulations, Title 22, Sections 51000 through 51451 and the Code of Federal regulations, Title 42, Part 455. This privacy notice provide her is required by California Civil Code 1798.17