

**Vendor Approver Certification** MC5258 (03/13)

**For Access to Confidential Mental Health Information**

**Vendor:** \_\_\_\_\_

To ensure the confidentiality of county mental health data, the Department of Health Care Services, Information Technology Web Services (DHCS-ITWS) requests the designated vendor identify a primary and a secondary contact to be responsible for approving requests for access to confidential county mental health patient data. Please complete the information below and e-mail this form to "DHCSMHS DAPPCert@dhcs.ca.gov". If you have any questions, please contact MHS D-App-Cert group via above mentioned e-mail.

**Primary Vendor Approver:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(I have read [Letter No. 99-02](#) regarding **Confidentiality of Client Information**)

Primary Approver's Signature: \_\_\_\_\_

**Secondary Vendor Approver:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(I have read [Letter No. 99-02](#) regarding **Confidentiality of Client Information**)

Secondary Approver's Signature: \_\_\_\_\_

**Vendor for the Following Counties and Systems:**

1.		4.	
County	System	County	System
2.		5.	
County	System	County	System
3.		6.	
County	System	County	System

Note: If you need more space, please attach a list as needed.

**Vendor Certification:**

As \_\_\_\_\_ for \_\_\_\_\_, I certify this organization is a vendor for the above counties and designate the individuals identified above to have independent authority to approve access requests to specific confidential county mental health patient data. DHCS-ITWS may rely on approvals, denials, and changes made by these individuals in its processing of access requests for the above listed counties' data. As changes occur to the above approving contacts (name, phone, e-mail or county), I will complete a new certification and forward it to "DHCSMHS DAPPCert@dhcs.ca.gov". Also, I acknowledge reading [Letter No. 99-02](#) regarding **Confidentiality of Client Information**.

\_\_\_\_\_  
Vendor Representative (Signature)

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Date