



Baker Act Data Collection System Stakeholder Report Instructions for Required Forms

SAMH Database and Application Access Request form

Section 1. Requester Information

- Requester's SSN is not a required field.
- Private designated Baker Act receiving facilities* will complete the 'Provider ID' and 'Provider Name' sections and leave the 'Contractor ID' and 'Contractor/ME Name' section blank.
- The 'Provider ID' is your facility's 9-digit Federal Employer Identification Number (FEIN).
- Public designated Baker Act receiving facilities* will complete the 'Contractor ID' and 'Contractor/ME Name' section as well as the 'Provider ID' and 'Provider Name' sections.
- The 'Contractor ID' numbers are listed below.
- 'DCF Issued Log-on' is not a required field.

Section 2. Authorization Signatures

- Managing Entity Data Liaison Name, Signature, and Date are not required fields.

Section 3: Database System(s) to be accessed by the Requester

- Select 'Baker Act'.

Section 4: Level and Role of the Requester

- Only select options in letter 'C'

Section 5: Action Required

- Select 'Add New User'.

Section 6: Confidentiality and Security Requirements/Certifications

- The HIPAA training date is not a required field.

Access Confidentiality and Nondisclosure Agreement form:

The 'Agreement/Contract Number' is not a required field.



Baker Act Data Collection System Stakeholder Report Instructions for Required Forms

County	Region	Contractor/ME Name	Contractor ID
Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington	Northwest	NWF Health Network	03-0423156
Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia	Northeast	Lutheran Services Florida	59-2198911
Brevard, Orange, Osceola, and Seminole	Central	Central Florida Cares Health System	51-0448002
Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota	SunCoast	Central Florida Behavioral Health Network	59-3467610
Broward	Southeast	Broward Behavioral Health Coalition	45-3675836
Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie	Southeast	Southeast Florida Behavioral Health Network	27-1871869
Miami-Dade and Monroe	Southern	Thriving Mind South Florida	59-3380599



For Private Receiving Facilities

Office of Information Technology Services, Substance Abuse and Mental Health Application Support

SAMH Database and Application Access Request for SAMHIS, IRAS, FITS, WITS and Baker Act Users

This form should be completed and printed out for signatures. Electronic signatures are not accepted (except for Managing Entity DL). All information must be completed with the exception of Fax No. and DCF Issued Log-On if not applicable.

1. REQUESTER INFORMATION:

Requester's First Name Lakeisha	M.I. M	Last Name Rawlings	*Requester's SSN (Not required for Baker Act access)	
Contractor ID (9 digit FEIN)		Contractor/ME Name		
Provider ID (9 digit FEIN) 59-1201323		Provider Name Keralty Hospital Miami (formerly Westchester General Hospital)		
Region Name Southern	Circuit 11	County Dade	If DCF Employee (check one): <input type="checkbox"/> HQ <input type="checkbox"/> Region	
Requester's Work Phone No. (extension, if applicable) 305-264-5252 ext. 1104		Requester's Fax No.	Requester's Work Email LRawlings@keraltyhospital.com	
Requester's Physical Work Address: Street City State Zip Code 2500 SW 75 th Avenue, Miami, FL 33155				
*DCF Issued Log-On (if already assigned):				

2. AUTHORIZATION SIGNATURES:

Supervisor's Name: Miriam Sofro Signature: *M Sofro* Date: 4-6-23

*Managing Entity Data Liaison Name: _____ Signature: _____ Date: _____

SAMH HQ Security Officer Signature: _____ Date: _____

3. DATABASE SYSTEM(S) TO BE ACCESSED BY THE REQUESTER:

SAMHIS Databases: TANF DC Aftercare Referral SANDR (Seclusion Restraint)

Other Databases: Baker Act FITS IRAS (Incident Reporting) WITS

4. LEVEL AND ROLE OF THE REQUESTER:

a. SAMHIS Roles (choose one):

	Administrator	Staff
State	<input type="checkbox"/>	<input type="checkbox"/>
Region/Circuit	<input type="checkbox"/>	<input type="checkbox"/>
Contractor	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Contractor/Provider	<input type="checkbox"/>	<input type="checkbox"/>
DC Facility	<input type="checkbox"/>	<input type="checkbox"/>

b. IRAS Roles (choose one):

Viewer Incident Coordinator

c. Baker Act Roles (choose one):

	Admin	Submitter	Read Only
Baker Act Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DCF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ACTION REQUESTED:

Add New User Deactivate User Reactivate User Update User Information

6. CONFIDENTIALITY AND SECURITY REQUIREMENTS/CERTIFICATIONS: By my signature, I acknowledge that I am responsible for safeguarding the confidentiality and security of all information contained in any of the above data systems (Item 3 above) to which I am granted access as required by the following state and federal laws:

42 Code of Federal Regulation Part 2 and Part 142 45 Code of Federal Regulation Parts 160 and 164;
 Section 394.4615, Florida Statutes Section 397.501(7), Florida Statutes;
 Section 916.107(8), Florida Statutes Section 282.318, Florida Statutes

I received Security Awareness Training on: 04/06/2023 and *HIPAA Training on: _____ Certificates Attached

(mm/dd/yyyy) (mm/dd/yyyy)

Requestor's Signature: *Lakeisha Rawlings* Date: 4-6-23



For Public Receiving Facilities

Office of Information Technology Services, Substance Abuse and Mental Health Application Support

SAMH Database and Application Access Request for SAMHIS, IRAS, FITS, WITS and Baker Act Users

This form should be completed and printed out for signatures. Electronic signatures are not accepted (except for Managing Entity DL). All information must be completed with the exception of Fax No. and DCF Issued Log-On if not applicable.

1. REQUESTER INFORMATION:

Requester's First Name Amanda	M.I. R	Last Name Cepreca	*Requester's SSN (Not required for Baker Act access)	
Contractor ID (9 digit FEIN) 03-0423156		Contractor/ME Name BBCBC/NWF Health Network		
Provider ID (9 digit FEIN) 59-1162148		Provider Name Apalachee Center		
Region Name NW	Circuit 02	County Leon	If DCF Employee (check one): <input type="checkbox"/> HQ <input type="checkbox"/> Region	
Requester's Work Phone No. (extension, if applicable) 850-523-3333 ext. 4400		Requester's Fax No.	Requester's Work Email Acepreca44@apalacheecenter.org	
Requester's Physical Work Address: Street City State Zip Code 2634 Capital Circle, NE, Tallahassee, FL 32308				
*DCF Issued Log-On (if already assigned):				

2. AUTHORIZATION SIGNATURES:

Supervisor's Name: Ken White Signature: *Ken White* Date: 4/6/23

*Managing Entity Data Liaison Name: _____ Signature: _____ Date: _____

SAMH HQ Security Officer Signature: _____ Date: _____

3. DATABASE SYSTEM(S) TO BE ACCESSED BY THE REQUESTER:

SAMHIS Databases: TANF DC Aftercare Referral SANDR (Seclusion Restraint)

Other Databases: Baker Act FITS IRAS (Incident Reporting) WITS

4. LEVEL AND ROLE OF THE REQUESTER:

	Administrator	Staff
a. SAMHIS Roles (choose one):		
State	<input type="checkbox"/>	<input type="checkbox"/>
Region/Circuit	<input type="checkbox"/>	<input type="checkbox"/>
Contractor	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Contractor/Provider	<input type="checkbox"/>	<input type="checkbox"/>
DC Facility	<input type="checkbox"/>	<input type="checkbox"/>

b. IRAS Roles (choose one): Viewer Incident Coordinator

	Admin	Submitter	Read Only
c. Baker Act Roles (choose one):			
Baker Act Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DCF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ACTION REQUESTED:

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I received Security Awareness Training on: 04/06/2023 and *HIPAA Training on: _____ Certificates Attached

(mm/dd/yyyy) (mm/dd/yyyy)

Requestor's Signature: *Amanda Cepreca* Date: 4/6/23