County of Los Angeles Public Health

SAPC | Substance Abuse Prevention and Control

AGENCY USER ACCOUNT ADMINISTRATION FORM

FOR AGENCY USE *Fields with (*) are required.*

REQUESTOR INFORMATION (ONLY AGENCY LIAISONS)

LAST NAME (*): FIRST NAME (*):

CONTRACTOR NUMBER: *(L.A. County C-Number)*

E-MAIL ADDRESS (*): PHONE NUMBER (*): ( ) - Ext#:

AGENCY NAME (*):

USER INFORMATION (ONLY AGENCY PROVIDER STAFF)

LAST NAME (*): FIRST NAME (*):

SITE ADDRESS: *(Street, City, Zip Code)*

CONTRACTOR NUMBER (*): *(L.A. County C-Number)*

E-MAIL ADDRESS (*): PHONE NUMBER (*): ( ) - Ext#:

TYPE OF REQUEST:

☐ **New User Account** *[Fill out the entire form]*	☐ **Update User Account** *[Select the applications and list the desired updates in the Justification section]*	☐ **Deactivate User Account** *[Select the application(s) and skip to Justification section]*	☐ **Restore User Account** *[Select the application(s) and skip to Justification section]*

Select Application(s) and Role(s)	**VPN Requirements**
☐ Provider Invoice Approval System (PIAS) ☐ **Invoice** ☐ **InvoiceUser** **Both roles must be checked for PIAS users**	*VPN access is required*
☐ Driving Under the Influence (DUI) System ☐ **SP** **Role must be checked for DUI users**	*VPN access is required*
☐ SBAT Provider Site **Select ALL applicable roles** ☐ **SBAT -** User will have access to the SBAT Availability Dashboard and Availability Form for the sites listed in Select Location(s) field. ☐ **SBATProviderAdmin** - Executive-level staff only; max. 3 staff per agency. Will have access to the SBAT Availability Dashboard for all agency sites. **SBAT Provider Admins cannot update the bed/slot availability unless the SBAT role is also checked.**	*N/A*
☐ Budget Approval System (BAS) ☐ **Standard** - Applies to users that are allowed to access only the budget assigned to them.	*VPN access is required*
☐ Bed Management System (BMS) **Select ONLY ONE role.** ☐ **BedManagementUser –** Applies to users who will enroll/discharge clients ☐ **BedManagementLeadUser –** Applies to lead users to enroll/discharge client and view reports ☐ **BedManagementViewer** – Applies to users who only need to know bed availabilities and occupied data	*VPN access is required*
☐ Network Adequacy Certification Application (NACA) ☐ **User** **Role must be checked for NACA users**	*N/A*
☐ Patient Consent Management System (PCMS) ☐ **User** **Role must be checked for PCMS users**	*N/A*
☐ SAPC Learning and Network Connection (SAPC-LNC) Platform ☐ **Supervisor/Manager Administrative** **Role must be checked for admin users.** **General user accounts can be created directly in SAPC-LNC and do not require completion of this form.**	*N/A*

BY DEFAULT, ACCESS IS GRANTED TO THE LOCATION SPECIFIED IN THE ORGANIZATION ADDRESS FIELD ABOVE.

☐ CHECK BOX IF ACCESS SHOULD BE GRANTED TO ALL AGENCY LOCATIONS

Or

☐ CHECK BOX IF USER NEEDS ACCESS ONLY TO SPECIFIC LOCATIONS, AND LIST THEM BELOW:

JUSTIFICATION

(Required for Processing)

SIGNATURES

User Signature *(Required for processing, with the exception of account deactivations)*

Agency Liaison's Name (*): *(Please Print)*

Agency Liaison's Signature *(Required for Processing):*

Agency's Liaison Phone Number: ( ) -

Date (*): *(MM/DD/YYYY)*

WARNING

WARNING: The USER and the USER'S MANAGER must review and sign the next two pages of this form. Failure to fully complete the entire form will cause a delay in processing you request. For security reason, agency is responsible for requesting the deactivation of its terminated users.

FORM SUBMISSION TO SAPC

Step 1: Verify that the information has been entered correctly, including the signatures, then save the form locally.

Step 2: Open a new request in the Sage Help Desk. Enter the minimally required information for the request.

Step 3: Click on 'Upload' to attach the completed and signed Agency User Account Administration Form (from Step 1) to the request.

Step 4: Submit the request.

For any questions, please email SAPC_App_Access@ph.lacounty.gov.

COUNTY OF LOS ANGELES
AGREEMENT FOR ACCEPTABLE USE AND
CONFIDENTIALITY OF
COUNTY'S INFORMATION TECHNOLOGY ASSETS,
COMPUTERS, NETWORKS, SYSTEMS AND DATA

As a Los Angeles County employee, contractor, vendor or other authorized user of County Information Technology (IT) assets including computers, networks, systems and data, I understand that I occupy a position of trust. I will use County IT assets for County management approved business purposes only and maintain the confidentiality of County's business and Citizen's private data. As a user of County's IT assets, I agree to the following:

1. Computer crimes: I am aware of California Penal Code 502(c) - Comprehensive Computer Data Access and Fraud Act (attached). I will immediately report any suspected computer misuse or crimes to my Management.

2. Security access controls: I will not subvert or bypass any security measure or system which has been implemented to control or restrict access to computers, networks, systems or data. I will not share my computer identification codes (log-in ID, computer access codes, account codes, ID's, etc.) or passwords.

3. Approved business purposes: I will use the County's Information Technology (IT) assets including computers, networks, systems and data for County management approved business purposes only.

4. Confidentiality: I will not access or disclose any County program code, data, information or documentation to any individual or organization unless specifically authorized to do so by the recognized information owner.

5. Computer virus and malicious code: I will not intentionally introduce any computer virus, worms or malicious code into any County computer, network, system or data. I will not disable or delete computer virus detection and eradication software on County computers, servers and other computing devices I am responsible for.

6. Offensive materials: I will not access or send any offensive materials, e.g., sexually explicit, racial, harmful or insensitive text or images, over County owned, leased or managed local or wide area networks, including the public Internet and other electronic mail systems, unless it is in the performance of my assigned job duties, e.g., law enforcement. I will report to my supervisor any offensive materials observed by me or sent to me on County systems.

7. Public Internet: I understand that the Public Internet is uncensored and contains many sites that may be considered offensive in both text and images. I will use County Internet services for approved County business purposes only, e.g., as a research tool or for electronic communication. I understand that the County's Internet services may be filtered but in my use of them I may be exposed to offensive materials. I agree to hold the County harmless should I be inadvertently exposed to such offensive materials. I understand that my Internet activities may be logged, are a public record, and are subject to audit and review by authorized individuals.

8. Electronic mail and other electronic data: I understand that County electronic mail (e-mail), and data, in either electronic or other forms, are a public record and subject to audit and review by authorized individuals. I will comply with County e-mail use policy and use proper business etiquette when communicating over e-mail systems.

9. Copyrighted materials: I will not copy any licensed software or documentation except as permitted by the license agreement.

10. Disciplinary action for non-compliance: I understand that my non-compliance with any portion of this Agreement may result in disciplinary action including my suspension, discharge, denial of service, cancellation of contracts or both civil and criminal penalties.

I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT:

User's Name (*):	User's Signature (*):	Date (*):

CALIFORNIA PENAL CODE 502(c) -
"COMPREHENSIVE COMPUTER DATA ACCESS AND FRAUD ACT"

Below is a section of the "Comprehensive Computer Data Access and Fraud Act" as it pertains specifically to this Agreement. California Penal Code 502(c) is incorporated in its entirety into this Agreement by reference and all provisions of Penal Code 502(c) apply. For a complete copy, consult the Code directly at website www.leginfo.ca.gov/.

502.(c) Any person who commits any of the following acts is guilty of a public offense:

(1) Knowingly accesses and without permission alters, damages, deletes, destroys, or otherwise uses any data, computer, computer system, or computer network in order to either (A) devise or execute any scheme or artifice to defraud, deceive, or extort, or (B) wrongly control or obtain money, property, or data.

(2) Knowingly accesses and without permission takes, copies or makes use of any data from a computer, computer system, or computer network, or takes or copies supporting documentation, whether existing or residing internal or external to a computer, computer system, or computer network.

(3) Knowingly and without permission uses or causes to be used computer services.

(4) Knowingly accesses and without permission adds, alters, damages, deletes, or destroys any data, computer software, or computer programs which reside or exist internal or external to a computer, computer system, or computer network.

(5) Knowingly and without permission disrupts or causes the disruption of computer services or denies or causes the denial of computer services to an authorized user of a computer, computer system, or computer network.

(6) Knowingly and without permission provides or assists in providing a means of accessing a computer, computer system, or computer network is in violation of this section.

(7) Knowingly and without permission accesses or causes to be accessed any computer, computer system, or computer network.

(8) Knowingly introduces any computer contaminant into any computer, computer system, or computer network.

I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT:

User's Name (*):	User's Signature (*):	Date (*):
Agency Liaison Name (*):	Agency Liaison Signature (*):	Date (*):

FOR SAPC SAMS USE ONLY

SAPC APPROVER SIGNATURE

Mandatory for:

DUI (Aaron Sherzada, backup Yanira Lima); **NACA** (Lydia Lising, backup Christina Villegas); **BMS** (Jorge Ortega, backup Julie Monji);

NOT Required for:

PIAS, SBAT Provider Site, BAS, PCMS, SAPC-LNC

SAPC Approver's Name: *(Please Print)*

SAPC Approver's Signature *(Required for Processing):*

SAPC Approver's Phone Number: ( ) -

Date: *(MM/DD/YYYY)*

VPN ACCESS

Is the user requesting access to applications that need VPN?

NO

Proceed to the next section to submit the form.

YES

Does the user already have VPN access AND belongs to the VPN membership groups for the respective system(s)?

YES

Proceed to the next section to submit the form.

NO

1. *Fill out the following VPN form:* http://publichealth.lacounty.gov/sapc/registration-form/VPNRegistrationForm.pdf
2. *Create a Service Request/Other in the IT Service Desk portal (https://lacountydph-amc.ivanticloud.com) and attach the VPN form to the request.*
3. *WAIT until user gets VPN access.*

VPN Form Instructions

1. Fill out boxes 1- 9. For box 7, enter "SAPC 199".
2. Check the box for 27a
3. Collect user and user manager signatures for boxes 29-36.
4. On the very last page, enter your name, E-number, "SAPC", then sign and date.

FORM SUBMISSION INSTRUCTIONS

To submit the AGENCY USER - ACCOUNT ADMINISTRATION FORM, create a Service Request/Other in the IT Service Desk portal (https://lacountydph-amc.ivanticloud.com) and attach this form to the request.

INSTRUCTIONS FOR UPDATING THE SAPC USER REGISTRATION SYSTEM

Please refer to the User Guide (pending) for SAPC's User Registration System.