ARIES User Registration Form

Contractor Information:

Agency/Provider Name: _____

Site (if applicable): _____

Address: _____

City: _____ , CA Zipcode: _____

By signing this form as an authorized agency representative, I am certifying that the user identified below is an employee of the agency and their job requires the level of access to ARIES I have indicated below.

Authorized by (please print clearly): _____

_____ _____
Signature *Date*

User Information (please print clearly):

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Job Title: _____

Number of computers this staff person will use to access ARIES: _____

ARIES Application Name (please check all that apply):

☐ ARIES Client; If checked, User Group Role: _____

☐ ARIES Report/Export ☐ ARIES Import

By signing this form as an employee of the above Agency/Provider, I am certifying that I am aware of the confidentiality requirements for Protected Health Information (PHI) and that I will follow the Agency's/Provider's guidelines pertaining to patient confidentiality and the Health Insurance Portability and Accountability Act (HIPAA).

_____ _____
Employee Signature *Date*

EMA Approval (if applicable):

Printed Name:_____ Signature:_____ Date:_____

OA Use Only:

Date Received:_____ Received by:_____
User ID Assigned:_____ Date Assigned:_____
Certificate Issued:_____ Cert Issued by:_____
Date Issued:_____ Date Installed:_____

Revocation Information:

Application Deactivated:_____ Deactivated by:_____ Date Deactivated:_____
Date Certificate(s) Revoked:_____ Revoked by:_____