Florida Department of Children and Families
Office of Substance Abuse and Mental Health

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.

*Designated Baker Act receiving facilities that receive funding from the Department for Baker Act services are "public," while facilities that do not receive Department funding for Baker Act services are "private".

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

*Designated Baker Act receiving facilities that receive funding from the Department for Baker Act services are "public," while facilities that do not receive Department funding for Baker Act services are "private".

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): ☐ HQ ☐ 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: 2500 SW 75th Avenue	City: Miami	State: FL	Zip Code: 33155
*DCF Issued Log-On (if already assigned):			

2. AUTHORIZATION SIGNATURES:

Supervisor's Name: Miriam Sofro Signature: [signature] 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	☐	☐
Region/Circuit	☐	☐
Contractor	☐	☐
Sub-Contractor/Provider	☐	☐
DC Facility		☐

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

c. Baker Act Roles (choose one):

	Admin	Submitter	Read Only
Baker Act Facility	☐	☒	☐
DCF	☐		☐

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

I received Security Awareness Training on: 04/06/2023 (mm/dd/yyyy) and *HIPAA Training on: _____ (mm/dd/yyyy) ☐ **Certificates Attached**

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

*Not required for Baker Act access

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): ☐ HQ ☐ 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: 2634 Capital Circle, NE	City: Tallahassee	State: FL	Zip Code: 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:

a. SAMHIS Roles (choose one):

	Administrator	Staff
State	☐	☐
Region/Circuit	☐	☐
Contractor	☐	☐
Sub-Contractor/Provider	☐	☐
DC Facility		☐

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

c. Baker Act Roles (choose one):

	Admin	Submitter	Read Only
Baker Act Facility	☐	☒	☐
DCF	☐		☐

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

I received Security Awareness Training on: 04/06/2023 (mm/dd/yyyy) and *HIPAA Training on: _____ (mm/dd/yyyy) ☐ **Certificates Attached**

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

*Not required for Baker Act access