

Print Form



# ARIES User Registration Form

Please Print Clearly. For instructions filling this form out, refer to [ARIES Policy Notice A1](#).

## Contractor Information

Agency/Provider Name (as in ARIES) \_\_\_\_\_

Site (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

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 Supervisor (Name) \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

## User (Employee) Information

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

Job Title \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Number of computers this staff person will use to access ARIES \_\_\_\_\_  Check if any of these computers are laptops.

## ARIES Application Name (please check all that apply)

ARIES Client – \_\_\_\_\_

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).

User (Employee) Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax or email the completed form to the appropriate approver listed here: [ARIES Policy Notice A1](#)

### 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: \_\_\_\_\_