



Online Systems Access Request Form

Please complete this form in its entirety and refer to the instructions on page 2 for any questions.

My Current Role is:

- Office Admin Assistant*
 Supervised Provider*
 Provider
 DEC Assessor
 Site Reporting

User Profile Information (*Required Fields)		
*First Name:	*Last Name:	*MI:
*Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	*Primary Work Phone:	Primary Work Fax:
*Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Transgender Female <input type="checkbox"/> Prefer not to Answer	<input type="checkbox"/> Transgender Male <input type="checkbox"/> Gender Non-Binary <input type="checkbox"/> Other
*Degree & License:	*Log In Email:	
*Notification Email (If different from above):		

Add/Remove Clinic Affiliation		
*Clinic Name:	*Business Tax ID:	
*Clinic Address:	*City:	
*Phone:	Fax:	*ZIP:
<input type="checkbox"/> Add Clinic	<input type="checkbox"/> Remove Clinic(s)	

Add/Remove Clinic Affiliation		
*Clinic Name:	*Business Tax ID:	
*Clinic Address:	*City:	
*Phone:	Fax:	*ZIP:
<input type="checkbox"/> Add Clinic	<input type="checkbox"/> Remove Clinic(s)	

Add/Remove Clinic Affiliation		
*Clinic Name:	*Business Tax ID:	
*Clinic Address:	*City:	
*Phone:	Fax:	*ZIP:
<input type="checkbox"/> Add Clinic	<input type="checkbox"/> Remove Clinic(s)	

Programs Offering Appointments on the ScheduR®: _____

Signature: _____ Date: _____

By signing the line above, I agree not to share my username and/or password for the BHP DEC/ScheduR system and will inform BHP immediately if I or anyone at my location who uses the BHP online system leaves their position or a location.

Manager/Supervisor's Signature*: _____ Date: _____

***Manager's signature is required for Admin Assistant Users and the licensed Supervisor's signature is required for Supervised Providers - Please note this form must either be printed & signed or signed electronically and is not valid without a signature(s).**

Manager/Supervisor's Name: _____ Manager/Supervisor's Email: _____



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BHP Online Systems Access Request Form – Completion Instructions

SYSTEM DESCRIPTIONS



The ScheduR® is a secure, web-based application that allows the BHP Departments to schedule appointments. These providers offer many levels of outpatient care; including psychiatric, therapeutic, day treatment, chemical dependency assessment, and others.



The Diagnostic Evaluation Center (DEC) is a process that BHP developed to better assist patients who are experiencing a behavioral crisis. The service includes an assessment by a licensed mental health professional, treatment recommendations, thorough assessment documentation and care coordination support. DEC assessments are available at several contracted facilities within Minnesota and are conducted in person or via telehealth.

ROLE DESCRIPTIONS

- **Office Admin Assistant:** Anyone who works at a clinic covered by a BHP contract or at a location providing DEC services. Examples include medical records staff, billing staff, treatment providers, office administrators, etc.
- **Supervised Provider:** A non-independently licensed provider who is clocking hours of supervision under a BHP network provider.
- **Provider:** An independently licensed provider who is active in the BHP Network.
- **DEC Assessor:** A licensed clinician who is employed with BHP to provide DEC services, or who works at a location that uses the DEC Application and provides DEC assessments.
- **Site Reporting:** Anyone who works at a DEC site covered by a BHP contract. Examples include billing staff, coding staff, etc.

User Profile Information: This section is required and should list the information for the person who will be logging into the online application. Please note the required sections and provide all necessary information.

Notification Email: A notification email allows the provider to specify where they would like all patient and schedule-related notifications to be directed. Please note, the notification email can be the same as the log in email, this means the provider will receive notifications to the same email they use to log in with.

Add/Remove Clinic Affiliation: At least one location is required. Please list all locations that the user will need access to. If you wish to remove any pre-existing affiliations on your account, check the appropriate box for removal. Also, please note the required sections and provide all necessary information.

Programs Offering Appointments on the ScheduR®: If you are going to offer open appointment times on the ScheduR® that will be covered by multiple providers, please list the name of the program or type of appointments being offered (i.e. CD Assessments, DBT Day Treatment Program, In-Home Therapy Intake, etc.)

Manager/Supervisor's Name: This section is required for anyone who is an office admin assistant or supervised provider requesting access.

Manager/Supervisor's Email or Phone Number: Please list the best contact information for the manager/supervisor listed above.