



PROOF USER ACCOUNT FORM

Complete this form for requesting a PROOF User Account. When this form and confidentiality agreement have been signed, please fax or scan all paperwork to the PROOF Help Desk at (916) 263-1360 or proofsupport@ccfc.ca.gov.

If you have any questions, contact the PROOF HELP Desk at (888) 260-9710 or email proofsupport@ccfc.ca.gov.

County Name		Organization Name	
Funded Program Name (if applicable)	CARES Plus	Funded Program Mailing Address	
Authorized Lead Name		Authorized Lead Title	
Authorized Lead Email		Authorized Lead Phone	

User Account Request Type	<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Deactivate		
User ID*	*User ID is only required when requesting to update or deactivate account		
First Name		Last Name	
Phone 1	()	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Phone 2	()	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Primary Email Address			
Receive notifications at your primary email address?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alternate Email Address			
Receive notifications at alternate email address?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Security Question (answer only one)	Answer 1:		
Question 1: What is the name of your first pet?	_____		
Question 2: What is your favorite sport to watch?	Answer 2:		
Question 3: What is the name of the high school from which you graduated?	_____		
	Answer 3:		

User Role	<input type="checkbox"/> Advisor <input type="checkbox"/> Assessor	<input type="checkbox"/> County Program Manger <input type="checkbox"/> County Super User	<input type="checkbox"/> Participant Data Entry

I authorize the above information to be used to create a new PROOF User account or update an existing account.

Authorized Lead – Approval Signature: _____ Date: _____

User Role	Description
Advisor	The purpose of this role is to allow the county to limit access within the system to specific participant records. The advisor role restricts access to participant records to only those participants assigned to the advisor.
Assessor	The purpose of this role is to allow county designees to report participant CLASS evaluation scores. The assessor role restricts the user to the participant portion of the system, allowing them to manage participant CLASS assessments within a county while limiting their access to participant data to view only.
County Program Manager (Lead Agency Submitter)	The purpose of this role is to support the county user that is only responsible for county program management. The county program manager role allows the user to manage their county(ies) data, submit required reports, and view participant data.
County Super User	The purpose of this role is to support a county user that is responsible for all county functions with regard to PROOF. The county super user role allows the user to manage their county's data, participants and required report submissions.
Participant Data Entry	The purpose of this role is to support the county user or designee that is only responsible for participant management. The participant data entry role allows the user to manage their county(ies) participant data, while restricting the user from program management and operations.

For First 5 California Use Only		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Need More Information	By: _____	Date: _____
User ID: _____	Comments: _____	



CONFIDENTIALITY AGREEMENT

- All staff of County Commission Funded Programs, State Commission, Counties, Local Public Entities, Evaluators and other authorized organizations who have access to the Practice, Research & Outcomes 0 - Five (PROOF) system which contains confidential information and records must read and sign this Agreement.
- The original is to be sent to the immediate staff supervisor who must sign the Agreement and then place the signed original in the employee's personnel file, and return a copy to the employee.
- The Confidentiality Agreement requirement may be waived through the contract between the Funded Program and County Commission if the responsibilities and the intent are addressed through existing protocols and procedures of the Funded Program.

Responsibilities: During the performance of your assigned duties related to collecting information on funded programs, participants served, services and other activities provided, you may have access to confidential Participant information and records required for effective coordination and delivery of services to children, youth, and families. All confidential discussions, deliberations, records, and information generated or maintained in connection with these activities shall be disclosed only to **authorized persons** who have the authority to access confidential Participant information or records. An authorized person is defined as any person who is given authority to access Participant information in the system through the State or County Commission's confidentiality protocol. This includes information obtained and conveyed through all media – verbally, in writing, by fax, phone or email, or through the Practice, Research & Outcomes 0 - Five (PROOF) system.

Liabilities: Unauthorized release of confidential information to a third party may expose you to personal civil penalties under the provisions of Welfare and Institutions Code, Section 5330; criminal action under Welfare and Institutions Code, Section 10850; and potential fine under Title 42, Code of Federal Regulations, Part 2.

Acknowledgement: I acknowledge responsibility not to divulge any confidential information or records concerning Participants of State or County Commission funded services within the PROOF system without proper written authorization.

I have received a copy of my employer's confidentiality policy and procedures, and instruction on the statements about responsibilities and liabilities outlined in this Agreement.

I understand that I will receive a signed copy of this agreement, and that the signed original will be placed in my personnel file.

Signature of Employee		Date
Name (Print)		Title
Received by		Title
Program Name		Organization

Prohibition on Redisplaying Confidential Information Concerning Participants Receiving Services

This notice accompanies a disclosure of confidential information concerning a Participant of services funded by the State Commission or County Commission. This information may include records protected by applicable State and Federal confidentiality rules including but not limited to HIPAA Regulations. These Federal rules prohibit you from making any further disclosure of this confidential information unless further disclosure is expressly permitted by the written authorization to release the information of the person to whom it pertains or as otherwise permitted by these regulations. A general authorization for the release of medical or other confidential information is NOT sufficient for this purpose. The Federal rules specifically restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse consumer.