

Requested Action

- Assign a new Harmony user ID to an individual who has never been issued an ID through your agency
- Change Harmony user ID due to name change
Current Harmony user ID: _____
Current first/last name: _____
- Change Harmony user ID Requested Role(s) - user profile will be updated to role(s) selected below
- Deactivate Harmony user ID (requester signature not needed for this action)
Effective date: _____
- Reactivate Harmony user ID for an individual who was previously issued an ID through your agency
Previous Harmony user ID: _____

Requester Information

Requester first name M.I. Last name Date of birth Harmony worker ID

MSU Position - select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Backup case manager supervisor |
| <input type="checkbox"/> Billing staff | <input type="checkbox"/> Case Manager |
| <input type="checkbox"/> Case manager supervisor | <input type="checkbox"/> LPN |
| <input type="checkbox"/> Home care nurse supervisor | <input type="checkbox"/> RN |
| <input type="checkbox"/> Office staff | <input type="checkbox"/> Staffing coordinator |

Agency name Phone number with area code

Agency street address City State ZIP code

If your agency has multiple branches and requester needs access to more than the primary branch listed above, list additional branches (or "All branches") below.

MSU Requested Role(s)

- Provider* = office staff that need the ability to assign cases to field staff. This would also include any staff that need read-only access to other areas of the system.
- Provider plus* = field staff such as case managers and home care nurses. This role also provides access to mobile assessments.
- Provider financial* = billers.
- Provider prime* = supervisors. This role also provides access to mobile assessments.
- Provider survey* = *read only* role for surveys. Begin and end date(s): _____

Security Questions

The requester will be required to answer the following security questions in the event a password reset is requested.

Color of first car: _____ High school mascot: _____

Requester Acknowledgment and Signature

I, the undersigned, acknowledge the information which this Harmony user ID enables me to access is to be utilized only in the performance of my assigned duties as an employee of the above named contracted provider agency. I agree to make no inquiry or updates which are not required for the performance of these duties. I acknowledge that numerous federal and state laws make OKDHS information confidential and these laws carry criminal and civil penalty provisions for violations. Therefore, I will keep confidential any information made available to me. I agree to not reveal or share my password with anyone, and I agree to not share active access to the Harmony system with anyone. I understand my failure to comply with security policy and procedures may result in termination of my access to information.

Requester name _____ Signature* _____ Date _____

*Requester signature is not needed to *deactivate* the Harmony user ID

Approval Signatures

Requester's direct supervisor name _____ Supervisor signature _____ Date _____

Agency authorized signer name _____ Signature _____ Date _____

Routing

All requests should be uploaded to a note in the Harmony system, Provider Question (PQ) chapter. In the event that no one at your agency has access to the Harmony system, PQ Chapter, the request may be faxed to (405) 230-8036.