



# State OHCC Staff User Enrollment Form

**INSTRUCTIONS:** \* indicates required fields. The authorizing manager must complete this form based on the employee's specific job duties. Access to Service Elements is determined by your Organization and roles.

- Send completed form to [info.exprs@state.or.us](mailto:info.exprs@state.or.us) or 503-947-5044.

* Indicate Action: <input type="checkbox"/> Add User <input type="checkbox"/> Modify User <input type="checkbox"/> Deactivate User <input type="checkbox"/> Change of Info	
*User's Name: (Last, First MI) (Print Name)	Already have an eXPRS login name?
*Job Title:	*Name of Organization: <b>State of Oregon</b>
*Organization Address: (Mailing Address)	*City, State Zip:
*Phone Number:	*Email Address:

## State OHCC Staff User Role (assign to State Organization)

ADD	DEL	Role/Description
<input type="checkbox"/>	<input type="checkbox"/>	<b>State Viewer OHCC</b> – able to view limited client information, limited provider information, client Plan of Care, Service Proir Auths, Service SD billings, claims; able to run CHC PEA Expiring report, Provider Status report, Employer Relationships report.

## Signature

Manager: (Print Name)	Phone Number:	Ext.:
Manager Title:	Email Address:	
Manager Signature:	Date: /      /	

**Maintain form in local file for audit purposes**