Patient-Level Data System User Registration Information

To access the Office of Statewide Health Planning and Development's (OSHPD) patient data reporting system, all facilities must first complete and submit the following forms:

- User Account Administrator (UAA) Agreement
- Facility Contact Information
- Agent Designation Form (if applicable, see below)

You can get copies of these forms on our website www.oshpd.ca.gov/data-and-reports/submit-data/patient-data/resources/; Under Forms, click the User Registration links.

Please complete the following steps to register:

1. Determine who your User Account Administrator(s) will be. This individual will have the responsibility to maintain your facility's user accounts and will have access to read, submit and/or correct your facility's confidential data. Maintenance includes adding and inactivating users, modifying user profile information, changing passwords, and unlocking accounts. **The UAA will be the central contact for your staff when handling user account related questions and issues**. Each facility may designate as many as three UAAs.

2. Once the UAA(s) is determined, complete the User Account Administrator (UAA) Agreement (OSH-ISD-773) for each UAA appointed at your facility.

3. The Facility Contact Information sheet informs OSHPD of your facility's Primary, Secondary, and Facility Administrator contacts. Complete this sheet if you are a new facility, or if your UAA is unable to conduct user account and contact maintenance within the system.

4. If you wish to have a third-party vendor submit data on behalf of your facility, it may be necessary for you to complete the Agent Designation Form (OSH-ISD-771) authorizing them to submit your data. Please note that Designated Agents will only have access to submit data and retrieve summary reports of that data.

5. Send the completed form(s) to:

   Office of Statewide Health Planning and Development
   Information Services Division
   Patient Data Section
   2020 West El Camino Avenue, Suite 1100
   Sacramento, CA 95833-1880

   Contact Information
   Home: www.oshpd.ca.gov/data-and-reports/submit-data/patient-data/
   Phone: (916) 326-3935
   Email: mircal@oshpd.ca.gov
   Fax: (916) 327-1262

Upon receipt and verification of these forms, OSHPD will confirm your enrollment by phone and will provide you with your username, password, and log-on assistance for the data system.