

California Patient Representative Information System 2023

Registering for the California Patient Representative Information System (CAPRIS) for New Facility Users – User Action Request Form	
Developed by:	Office of the Long-Term Care Patient Representative
Date:	January 19, 2023
Version:	1.0
Resource(s):	https://www.youtube.com/watch?v=GBaf1tx74gM

Purpose:

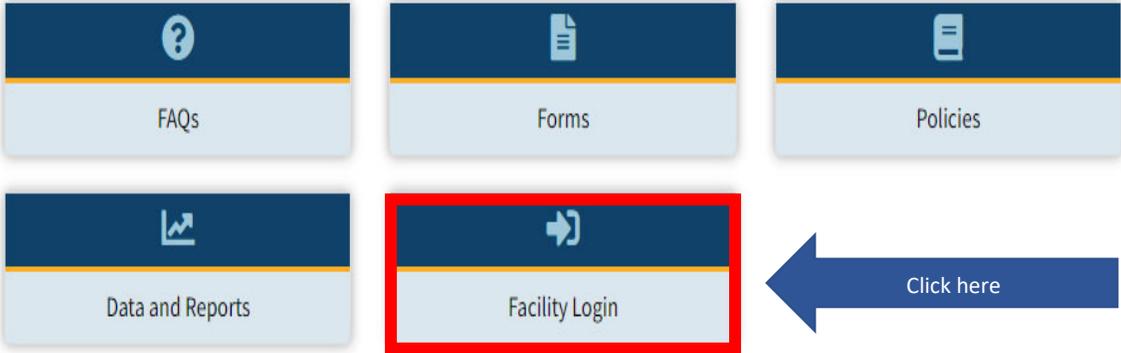
This document is intended to provide instructions on registering to use the California Patient Representative Information System (CAPRIS) for new users and provide an overview of the CAPRIS User Action Request Form. These instructions are intended for staff from skilled nursing and intermediate care facilities.

Process

All new users must complete and submit the [California Patient Representative Information System User Action Request Form](#) before logging into CAPRIS for the first time. This is the first step to gaining access to CAPRIS.

1. To access the CAPRIS User Action Request form, click: <https://www.aging.ca.gov/download.ashx?IE0rcNUV0zYTiKDsgIJQZA%3d%3d>.

The form is located on the [Office of the Long-Term Care Patient Representative’s internet site](#), within the Facility Login tab (shown below)





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[California Patient Representative Information System User Action Request Form](#)

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The CAPRIS User Action Request form is used by facility staff to add, change, or deactivate user access to CAPRIS. For new users, this is the first step in gaining access to the system.

2. **Download** a copy of the CAPRIS User Action Request form and **Save** to your computer.



Save Submit

Date: _____

California Patient Representative Information System User Action Request Form

Use this request form to add, change, or deactivate user access to the California Information System (CAPRIS). Please allow 24-48 hours for changes to be made.

Select one from the following:

- New User Account (complete Section A only)
- Deactivate User Account (complete Section B only)
- Change(s) to Existing Account (complete Section C only)



SECTION A: New Users*	
Name (First and Last):	Title:
Email Address:	Phone Number:
Facility Name:	<input type="checkbox"/> For multiple facilities, list on page 2 of form
City:	County:
Facility Administrator Name(s):	Email Address:
Has your facility administrator been notified of your request for access to CAPRIS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please note: Facilities are limited to three (3) CAPRIS users per facility. If your request for access exceeds the maximum number of users for your facility, your request for access may be denied.*

SECTION B: Deactivate User Account	
Name (First and Last):	Facility Name(s):

SECTION C: Change(s) to Existing Account	
Name (First and Last):	
Type of Change:	
<input type="checkbox"/> Email Address	<input type="checkbox"/> Name <input type="checkbox"/> Facility
Other (specify) _____	

1/2023

[Office of the Long-Term Care Patient Representative](#)
2880 Gateway Oaks | Sacramento, CA | 95833
Telephone: (916) 800-5084 | Email: OPR@aging.ca.gov



Describe Change to Account:

Additional facilities (include facility name, city, and county):

3. Once the form has been downloaded and saved to your computer, select **“New User Account”** from the 3 options at the top of the form.

Select one from the following:

-  **New User Account** (complete Section A only)
 Deactivate User Account (complete Section B only)
 Change(s) to Existing Account (complete Section C only)

Note: new users only need to complete Section A of the User Action Request form.

4. Complete Section A. Please ensure that Section A is complete. Missing or incomplete information on the user action request form may result in delays in gaining access to CAPRIS.



SECTION A: New Users*	
Name (First and Last):	Title:
Email Address:	Phone Number:
Facility Name:	<input type="checkbox"/> For multiple facilities, list on page 2 of form
City:	County:
Facility Administrator Name(s):	Email Address:
Has your facility administrator been notified of your request for access to CAPRIS?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: facilities are **limited to three (3) CAPRIS users per facility**. If your request for access exceeds the maximum number of users for your facility, your request may be denied. CDA’s Office of Long-Term Care Patient Representative staff will review each request for new user access and will contact you if additional information is needed to process your request.

5. Once the form is completed, click **Save** and **Submit**.



Click Save and Submit

Save Submit

Date: January 19, 2023

California Patient Representative Information System User Action Request Form

Use this request form to add, change, or deactivate user access to the California Information System (CAPRIS). Please allow 24-48 hours for changes to be made.

Select one from the following:

- New User Account *(complete Section A only)*
- Deactivate User Account *(complete Section B only)*
- Change(s) to Existing Account *(complete Section C only)*

SECTION A: New Users*	
Name (First and Last): New User	Title: Test User
Email Address: Thisisatest@google.com	Phone Number: 999-999-9999
Facility Name: Test User Care Home	<input checked="" type="checkbox"/> <i>For multiple facilities, list on page 2 of form</i>
City: Sacramento	County: Sacramento
Facility Administrator Name(s): New User Administrator	Email Address: Newuseradmin@google.com
Has your facility administrator been notified of your request for access to CAPRIS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Please note: Facilities are limited to three (3) CAPRIS users per facility. If your request for access exceeds the maximum number of users for your facility, your request for access may be denied.*

Clicking submit will generate an automated email with your completed form attached as a PDF. This email will be sent to the Office of the Long-Term Patient Care Representative.

Please allow 1-2 business days for accounts changes to be made.

Troubleshooting the CAPRIS User Action Request Form:

For assistance troubleshooting the CAPRIS User Action Request Form or registration process, please contact the Office of the Long-Term Care Patient Representative at (916) 800-5084 or via email at: OPR@aging.ca.gov.

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