SYSTEMS ACCESS REQUEST FORM

CDS Family & Behavioral Health Services, Inc.

|  |
| --- |
| Staff Information: |
| Last Name |  | First Name |  | MI |  |
|  | Position: |  | Program: |  |
|  | Hire Date: |  | Termination Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | System | Access Set-Up | Access Ended |
| Date | Initials | Date | Initials |
| [ ]  | MedMan Doctor |  |  |  |  |
| [ ]  | MedMan User |  |  |  |  |
| [ ]  | FSFNFSFN BasicSecurity Training |  |  |  |  |
| [ ]  | SAMH-ISSecurityHIPAA |  |  |  |  |
| [ ]  | PBPS |  |  |  |  |
| [ ]  | Netmis |  |  |  |  |
| [ ]  | HMIS-LC |  |  |  |  |
| [ ]  | HMIS-Gainesville |  |  |  |  |
| [ ]  | E-Mail |  |  |  |  |
| [ ]  | Phone |  |  |  |  |
| Notes: |