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 |  |  |  |  |
|  | FSFN  FSFN Basic  Security Training |  |  |  |  |
|  | SAMH-IS  Security  HIPAA |  |  |  |  |
|  | PBPS |  |  |  |  |
|  | Netmis |  |  |  |  |
|  | HMIS-LC |  |  |  |  |
|  | HMIS-Gainesville |  |  |  |  |
|  | E-Mail |  |  |  |  |
|  | Phone |  |  |  |  |
| Notes: | | | | | |