DMH Application Request Form

Directions: Complete and submit this form to get access to the listed DMH Applications.
Note: Not all DMH applications require this request form. Some applications are processed as General Software requests via the EOHHS-IT SSC Service Catalog or other EHS IT processes. When in doubt, complete both this form and follow EHS IT processes.

1) This form must be signed by the user's DMH Supervisor or DMH Manager, as indicated below, and by the Access Coordinator for the applicable DMH Application(s). Electronic signatures are acceptable.
2) Access is to be based on the user's needs. Access must be consistent with the access procedures developed pursuant to Chapter 4 of the DMH Information Security Handbook.
3) Follow EHS IT procedures to submit the completed *DMH Application Request Form*.

Please complete each field as appropriate.

New User: _____	Transfer: _____	Change: _____	Terminate: _____

User's Information:

Full Name: _____

Position/Title or Role, if different: _____

User's DMH Location (Facility/Site/Office): _____

If new, anticipated DMH start date: _____

Last Date of completion of all required trainings: _____
- o DMH - Confidentiality Acknowledgment Form Session and Event;
- o DMH - AIT User Acknowledgement Form Session and Event; and
- o If any, Application specific trainings.

Desired Access Start Date: ___/___/_____
(Cannot pre-date start date and completion of trainings.)

Applications:	*Add*	*Delete*
MHIS – Electronic medical Record		
INFORM Reports System		
DMH Warehouse		
RL6 – Event/Complaint Reporting Software		
MRS – Fiscal/HR Reporting Software		
Meta – Inpatient Pharmacy		
Dart – Admission Software		
LCMS - Litigation Software		
Pharmacy – Stand-Alone (Community Pharmacy)		

For DMH Employee:	
DMH Supervisor Signature: _____	Date: ___/___/_____
Name of DMH Supervisor: _____	
DMH Supervisor Number ( ) ____ - _____	

For User that is not a DMH Employee:

DMH Manager Signature: _____ Date: ___/___/_____

Name of DMH Manager: _____

DMH Manager Number (   ) ____ - _____

Name of Contractor/Vendor with whom affiliated: _____

Date of Required Contract or MOU: _____
(See Chapter 4, Section VI. of the DMH Information Security Handbook.)

Additional Application Specific Approval, if applicable[1]:

Signature: _____ Date: ___/___/_____

Name: _____

Title: _____

Number (   ) ____ - _____

Approval by DMH Access Coordinator:
(Each application requested must be approved by the applicable DMH Access Coordinator.)

Application	Access Coordinator's Name (Print)	Access Coordinator's Signature	Date
MHIS			
INFORM			
DMH Warehouse			
RL6			
MRS			
Meta			
Dart			
LCMS			
Pharmacy – Stand-Alone			

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[1] Additional approvals may be required under the written access procedures for an application. See Chapter 4, Access Management, Section II.D.2, of the DMH Information Security Handbook.