OMHIIS New User Registration Form (ID: A1) [1]

User Requesting Account in OMHIIS:

_____
Last Name First Name Middle Initial

Job Title: _____ Email: _____

Personnel Number: _____ (ex: P000123456)

Phone#: _____

Work Mailing Address: _____

City: _____ State: _____, Zip: _____

Signature: _____ Date: _____

Facility / Area / Region / District Data Privacy Officer Approval:

_____
Last Name First Name Middle Initial

Phone#: _____

DPO FOR: (fill in any that apply):

Facility_____ Region _____ Area _____ District _____

Signature: _____ Date: _____

Upon Completion attach form A2 Employee Confidentiality/Security Non-disclosure Agreement and fax or scan to email to OMH HQ attention: OMHIIS @: (225) 342-1984 OMH HelpDesk@dhh.la.gov

[1] Form ID A1. The sole purpose of this form is for requesting an account in the Office of Mental Health Integrated Information System (OMHIIS). This form does not constitute permission or access to any information in the OMHIIS system. If said user already has an account in OMHIIS, this form is not necessary. For access level changes to an existing account in OMHIIS, refer to the appropriate forms located at http://omhiis.laomh.org/Forms.aspx. Created 8/8/2005 Updated 8/8/2005.