OMHIIS New User Registration Form (ID: A1a) [1]
Non-DHH User

User Requesting Account in OMHIIS:

_____
Last Name First Name Middle Initial

Job Title: _____ Email: _____

Office Phone#: _____ Cell Phone#: _____

Work Mailing Address: _____

City: _____ State: _____, Zip: _____

Signature: _____ Date: _____

Facility Contact / Monitor Approval:

_____
Last Name First Name Middle Initial

_____
Title

Office Phone#: _____ Cell Phone# _____

Signature: _____ Date: _____

Upon Completion attach form A2a Employee Confidentiality/Security Non-disclosure Agreement and fax or scan to email to OMH HQ attention: OMHIIS @: (225) 342-1984 or OMH HelpDesk@dhh.la.gov

NOTE: All fields above are required to be completed.

[1] Form ID A1a. 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. Created 6/20/2007.