Office of Mental Health
Department of Health and Hospitals

Non-DHH User OMHIIS Central Client Registry System Request for Access[1]

User requesting access to OMHIIS data:

_____
Last Name First Name M.I.

Job Title: _____

OMHIIS Login ID: _____ Office Phone#: _____

Cell Phone#: _____

Please list specific duties/responsibilities that justify the need for the requested roles.

Role Assigned: Provider

List the facility, at which the applicant needs needs access for the Role listed above.

_____

Applicant's Signature: _____ Date: _____

Facility Contact / Monitor Signature ____ _____ Date: _____

Facility Contact / Monitor Name Printed: _____

Office Phone#: _____ Cell Phone# _____

Upon completion, fax this form to OMH HQ attention: OMHIIS @ fax: (225) 342-1984 or scan to email @ OMH HelpDesk@dhh.la.gov. Please contact the OMHIIS Helpdesk for any assistance.

[1] Form ID# OMHIIS-Ba: Use this form when requesting access to information in the OMHIIS Central Client Registry. This request form cannot be processed unless the applicant has completed the process for obtaining on OMHIIS account. This form will not be processed without signatures and dates by all parties. Created 6/20/2007.