

TB/HIV/STD and Viral Hepatitis Unit

ACCOUNT REQUEST FORM



INSTRUCTIONS

1. Employee requesting access must complete Data Security and Confidentiality training, then submit signed Confidentiality Agreement to Stanley See prior to submitting this form. Please contact Stanley.see@dshs.state.tx.us, office: 512- 533-3038, cell: 512-574-5765 for questions related to the security training and confidentiality agreement.
2. If requesting access to TXPHIN, employee must go to <https://www.txphin.org> to create a profile before submitting this form. Remember to use your employer-provided email address, not a personal email address for your TXPHIN profile. If you are asking for access to folders or subfolders to central office folders or other sites folders, we will ask the central office Local Responsible Party or the manager for those folders to approve.
3. Supervisor must complete the below form, obtain LRP signature, then submit completed form by clicking on the SUBMIT button at the bottom of page 2.

***NOTE:** Forms will not be accepted if annual security training has not been completed, confidentiality agreement has not been received, or PHIN profile has not been created for staff requesting PHIN access.

I. EMPLOYEE INFORMATION

First and Last Name	Phone Number	E-mail Address
Agency Name	Department Name	Region/Site
Select Employee Status	Employee's Role	
Date Security Training Completed		
Signed Confidentiality Agreement Submitted		
PHIN Profile has been created if requesting PHIN access		
Duration of Access to requested systems Access		
Termination Date		

II. EHARS ACCESS REQUEST

<u>Select One</u>
<i>*NOTE: For access only to eHARS Lookup Table, please go to Section III. Citrix STD*MIS ACCESS REQUEST</i>
<i>*Please direct questions about eHARS access to: Justin.Irving@dshs.state.tx.us</i>
View Only
Data Entry
Administrator (Special Permission Required)
PHIN HIV Folder
Reason/Justification for access requested

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III. CITRIX STD*MIS ACCESS REQUEST

* Please direct questions regarding Citrix STD*MIS access to:
Fudail.Ballard@dshs.state.tx.us, Sepehr.Arshadmansab@dshs.state.tx.us, or Karen.Arrowood@dshs.state.tx.us

Citrix -MIS Account Request

STD*MIS Worker Number Request

Applicant Sites MIS Database

Worker Number Requested

eHARS Lookup Table

Worker Number Type

Justification

IV. PHIN ACCESS REQUEST

* Please direct questions regarding access to particular folders to:
HIV: Minerva.Gomez@dshs.state.tx.us or Stanley.See@dshs.state.tx.us
ELR: Terry.Donohoo@dshs.state.tx.us
STD/MIS and ICCR: Fudail.Ballard@dshs.state.tx.us

PHIN Folders Requested

ELR

STD

ICCR

Other

Justification

V. SUPERVISOR & LRP INFORMATION

SUPERVISOR INFORMATION

First and Last Name

Phone Number

E-mail Address

LOCAL RESPONSIBLE PARTY INFORMATION

First and Last Name

Phone Number

E-mail Address

Signature*

* I understand typing my name constitutes a legal signature confirming that I am the Local Responsible Party and acknowledge I have approved all information entered on this Access Request Form.

VI. SUBMIT FORM

Date Submitted

*Please direct questions regarding this form to: TBHIVSTD.AccountRequests@dshs.state.tx.us

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ACCOUNT REQUEST FORM



CENTRAL OFFICE STAFF USE ONLY

<u>VERIFIED</u>	
Security Training Date	Signed Confidentiality Agreement Submitted

eHARS

Approved		
Not Approved		
Approved Pending Training		
HIV PHIN Folder	Approved	Not Approved
Staff Name		

Citrix STD*MIS

<u>Citrix -MIS Account Request</u>		
Applicant Sites MIS Database	Approved	Not Approved
eHARS Lookup Table	Approved	Not Approved
<u>STD*MIS Worker Number Request</u>		
Worker Number Assigned		
Worker Number Type		
Staff Name		
Date		

PHIN

ELR	Approved	Not Approved	Staff	Date
STD/MIS	Approved	Not Approved	Staff	Date
ICCR	Approved	Not Approved	Staff	Date
OTHER	Approved	Not Approved	Staff	Date