



### User Access Request Form

This form is for users requesting access to LSF Health System (LSFHS). New users should provide a copy of their HIPAA Information and Action Training Certificate, Security Awareness Training Certificate along with this completed and signed form.

**Action Required:**     Add New User     Update User Information     Deactivate User

**User Information:**

Last Name	
First Name	
Middle Initial	
Employer Name	
Email Address	

**User is:**

- LSFHS Employee
- Provider Network Employee:
- Other (specify) \_\_\_\_\_

**Access Requested:**

- KIS Express
- OneDrive
- WITS – SOR Program’s Web Infrastructure for Treatment Services



Please attach this signed and completed form to [LSFHS User And Site Maintenance Form](#).

Requester's Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

\*\*\* It is the supervisor responsibility to notify LSF Health Systems when a user with a system access is no longer employed or no longer requires access in their current position.

**Resource Links:**

DCF Training: [Security Awareness Training](#)  
[HIPAA Information and Action](#)