System Access Request

This form is for LSF Health Systems (LSFHS) staff and subcontractors to request access to systems operated by LSFHS and/or the Department of Children and Families (DCF). New users must provide: (a) a completed and signed System Access Request (this form), (b) a copy of their HIPAA Information and Action Training Certificate**, and (c) Security Awareness Training Certificate**.

*** Certificate completion dates must be within 365 days of the submission data of this System Access Request. If you are submitting a revised request form, contact data@lsfnet.org to verify if your certificates on file are still within 365 days of the form submission date. If not, you will need to submit new HIPAA and Security Certificates with the revised request form.*

Section One: User Information

User Request Type Employee Type	☐ Add User ☐ Update User ☐ Deactivate User ☐ LSFHS ☐ Provider (specify org): ☐ Other (specify) _____
Last Name	
First Name	
Middle Initial	
Employer Name	
Office Street Address, City, State, Zip code	
Phone Number	
Email Address	

Section Two: LSFHS Systems

System Access Requested

☐ KIS Express Primary Application

☐ KIS Express Upload Capability

☐ KIS Express Acute Care Module

☐ KIS Express Invoice Validation Reporting (IVR)

☐ KIS Express IVR Attestation

☐ KIS Client

☐ Email

☐ Office 365

☐ SharePoint

For Providers: ☐ Provider Folder (as designated in Section One)   ☐ Provider Resources

For LSFHS: ☐ Provider Resources   ☐ Provider Folders   ☐ Required Reports

☐ Division Folder(s) (specify:_____)

Section Three: DCF Systems

Note: Access to DCF Systems requires additional forms. Please contact data@lsfnet.org.

☐ **MyFloridaLearn** – DCF Online Learning System

☐ **FASAMS** (Financial and Service Accountability Management System)

☐ **FSFN** (Florida Safe Families Network System)

☐ **PBPS** (Performance Based Prevention System)

☐ **ODMS** (Opioid Data Management System)

☐ **SAMHIS** (Substance Abuse and Mental Health Information System)

☐ **TANF** (Temporary Assistance for Needy Families)

☐ **FLMIS** (Florida Medicaid Information Systems)

☐ **SANDR** (Seclusion-Restraint)

☐ **IRAS** (Incident Reporting)

☐ **WITS** (SOR Program's Web Infrastructure for Treatment Services)

☐ **Other** (specify)

Section Four: Signatures and Submission

Signatures

Requester Signature: _____ Signature Date: _____

Supervisor*** Name: _____

Supervisor*** Signature: Signature Date:

Access Analyst Name:

Access Analyst Signature: Signature Date:

Director/Data Liaison Name:

Director/Data Liaison Signature: Signature Date:

Submission Instructions

Attach completed and signed Systems Access Request application, HIPAA and Security Awareness Certificates, and all applicable certificates and forms related to requests made in Section Three: DCF Systems. Email all documents in one PDF to data@lsfnet.org.

Data Security Measure

*** The **supervisor** is responsible for notifying LSF Health Systems – data@lsfnet.org – when a user with access to any LSFHS and/or DCF systems is no longer employed or no longer requires access in their current position.

Contact

- Email: data@lsfnet.org
- Subject: Systems Access