



System Access Request



Instructions

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**, (c) Security Awareness Training Certificate**, and (d) a completed and signed [Access Confidentiality and Nondisclosure Agreement](#).

** Certificate completion dates must be within 365 days of the submission date 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.

DCF Security Awareness and HIPAA Information and Action trainings can be completed by creating an account with My FL Learn: <https://www.myflfamilies.com/my-fl-learn>, then clicking on "View Learning Opportunities," then completing the "DCF HIPAA Basics" and "DCF Security Awareness Basics" trainings.

Section One: User Information

User Request Type	<input type="checkbox"/> Add User	<input type="checkbox"/> Update User	<input type="checkbox"/> Deactivate User***
Employee Type	<input type="checkbox"/> LSFHS <input type="checkbox"/> Provider (specify under Employer Name below) <input type="checkbox"/> Other (specify)		
Last Name			
First Name			
Middle Initial			
Employer Name			
Office Street Address, City, State, Zip code			
Phone Number			
Email Address			

*** The **supervisor** signing below for a new user 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

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 Express Waiting List Module
- KIS Client (LSF Staff Only)
- Email (LSF Staff Only)
- Office 365 (LSF Staff Only)
- SharePoint

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

For LSFHS: Provider Resources Provider Folders Required Reports

Division Folder(s) (specify: _____)

Power BI Dashboard

For Providers (specify dashboard: _____)

For LSFHS (specify dashboard: _____)

Section Three: DCF Systems

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

- DC Aftercare**
- FASAMS** (Financial and Service Accountability Management System - LSF Staff Only)
- FSFN** (Florida Safe Families Network System)
- PBPS** (Performance Based Prevention System)
- ODMS** (Opioid Data Management System)
- TANF** (Temporary Assistance for Needy Families)
- FLMMIS** (Florida Medicaid Information Systems - LSF Staff Only)
- SANDR** (Seclusion-Restraint)
- IRAS** (Incident Reporting)
- WITS** (SOR Program's Web Infrastructure for Treatment Services)
- Other** (specify)

Section Four: Signatures and Submission

Note: to e-sign, you must use Adobe Acrobat or Adobe Reader. If neither are available, please print and sign the document before scanning and sending to Data@lsfnet.org.

Requester Signature: _____ Signature Date: _____

Supervisor Name: _____

Supervisor Signature: _____ Signature Date: _____

LSF System Access Analyst Name: _____

LSF System Access Analyst Signature: _____ Signature Date: _____

LSF Director/Data Liaison Name: _____

LSF 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.