DHS Provider Information System Access Request Form User Guide

*A red asterisk indicates a required field*

**Step 1.** Please select from the dropdown menu the **Type of Request:**

- NEW USER ACCESS
- MODIFY ACCOUNT
- DELETE ACCOUNT

**Step 2.** If requesting for another person please enter **Requestor's Name,** **Requestor's Email Address** and **Requestor's Phone Number:**

- Requestor's Name
- Requestor's Email Address
- Requestor's Phone Number

**Step 3.** Please enter the information for the person receiving the system access:

- First Name *
- Last Name *
- Job Title *
- Phone Number *
- Email *
- Provider Agency Street Address *
- City *
- State *
- Zip *
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Step 4: Please click the Add button to select your Application Access:

*You can click the Add button multiple times if you need to request multiple Applications and/or Facilities/Units

Ex:

Step 5: Select your Provider Agency, Facility/Unit (if applicable), Application and Application Role from the dropdown menus:
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Step 6: If needed you can enter additional notes in the **Additional Information** section:

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Step 7. Click on the HIPAA tab at the top of the form:

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Step 8. Please read and check the **Acknowledgement** checkbox to confirm you have read and agree to the terms of the policy:

*The HIPAA tab will remain red until you read and click the Acknowledgement checkbox*
Step 9. Once you have completed the ISAR form, click the Submit button. You can Submit the form from either the ISAR page or the HIPAA page:
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**Step 10.** After submitting the form successfully, you will receive the below message. The form will submit and the screen will be blank.

*You can then close out of the ISAR form window/tab*

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![Saving form](image)

The form is being saved.