

# HIS Communication/Security Request Form

Maintenance of a current HIS Master Contact List for each agency using the DPH Health Information System (HIS) is essential. To control the agency contacts on the HIS Master Contact List who have authority to contact the DHHS Customer Support Center and the Network Administrator list, this form may be completed or an e-mail submitted to [dhhs.customer.support.center@dhhs.nc.gov](mailto:dhhs.customer.support.center@dhhs.nc.gov) with the contact information contained below. The Agency Director's signature is not required. For CSDW authorized users or authorization for the HIS Business Support Group to access an agency's production system to perform problem analysis, this form must be submitted and approval must be provided by the Agency Director.

This form can should be scanned and e-mailed to [DHHS.Customer.Support.Center@dhhs.nc.gov](mailto:DHHS.Customer.Support.Center@dhhs.nc.gov)

Date: _____	Agency: _____ <small>(Name of LHD, CDSA, Non-Local Agency)</small>	
Requestor Name: _____ <small>(First and Last Name)</small>		
Root System Code: _____	Phone#: _____	Fax#: _____
E-Mail Address: _____		

- Type of Contact Change/Other Request**
- Primary Contact (1)       Alternate Contacts (up to 4)       Network Administrator
- DPH Business Support Group       CSDW Access\*\* (Must provide NCID below)
- Other (Specify) \_\_\_\_\_

Name to be **Added**: \_\_\_\_\_

Title: \_\_\_\_\_ Phone# \_\_\_\_\_

E-mail: \_\_\_\_\_

\*\*NCID User ID (Needed for CSDW Access Only): \_\_\_\_\_

Name to be **Deleted**: \_\_\_\_\_

*For CSDW authorized users or authorization for the HIS Business Support Group to access an agency's production system to perform problem analysis, this request **must** be authorized by the Agency Director prior to processing.*

\_\_\_\_\_

AGENCY DIRECTOR (PRINT NAME)

\_\_\_\_\_

AGENCY DIRECTOR (SIGNATURE)      DATE

*This document and/or its attachments may contain sensitive information that requires protection under federal or state law. If you are an authorized recipient of such information, you are required to protect it in a safe, secure and confidential manner. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of those documents is strictly prohibited. You are requested to notify the sender immediately, delete the email with any accompanying attachments, and destroy any copies you may have made.*