



Adirondack Health Institute

Lead Empower Innovate

Add/Change User Form

Requested Action: Choose all that apply			
<input type="checkbox"/> Add New User	<input type="checkbox"/> Update Name	<input type="checkbox"/> Update Role	<input type="checkbox"/> Deactivate User
Agency Name:			
Agency Address:			
Registration Authority (RA):			
User's First Name:			
User's Last Name:			
User's Date of Birth:			
User's Email Address:			
User's Phone Number:			
What population will they serve?			

Systems Access Request		
<input type="checkbox"/> Netsmart CareManager	<input type="checkbox"/> Millin	<input type="checkbox"/> The Data Den

Requested Security Role (Netsmart only):	
<input type="checkbox"/> Administrator	<input type="checkbox"/> Supervisor
<input type="checkbox"/> Care Manager	<input type="checkbox"/> HARP Care Manager
<input type="checkbox"/> Outreach Specialist	<input type="checkbox"/> Auditor
<input type="checkbox"/> Other:	

Registration Authority has verified the identity of the requested user as per systems access policy.

Registration Authority Signature: _____

Registration Authority Phone Number: _____

Registration Authority E-mail: _____