

**DMHMRSAS INFANT AND TODDLER ONLINE TRACKING SYSTEM ("ITOTS")
ACCOUNT REQUEST FORM**

MAIL or FAX a signed copy of this form along with a signed copy of the HIPAA Training Acknowledgement to:

**David Mills
Part C Office
P.O. Box 1797 – 9th Floor
Richmond, Virginia 23218
david.mills@co.dmhmrsas.virginia.gov
Telephone: (804) 371-6593
FAX: (804) 371-7959**

By completing this form, the below-named employee has reviewed the HIPAA Training Slides on the www.dmhmrsas.virginia.gov website, signed the HIPAA Training Acknowledgment Form and is authorized to access ITOTS.

Local Authorization

(Please print or type)

System Name:		Request Date	
	Phone:		
	Email:		
ITOTS System Manager/Supervisor Signature			

ITOTS User Information

(Please print or type)

Name/ Position/Title:			
Mailing Address:			
City, State Zip			
Phone/Email:			
	Security Code:		
ITOTS User Signature	(Last four of Social or Phone Number)		
Reason for Request:	<input type="checkbox"/> User Access <input type="checkbox"/> Supervising User Access <input type="checkbox"/> CO Reports Access <input type="checkbox"/> CO Admin Access <input type="checkbox"/> Discontinue Access	Does this user have a DMHMRSAS domain account? If yes what is the account name.	
By signing this form the ITOTS System Manager and the Employee (ITOTS USER) acknowledge that any change in the Employee's status which would no longer require the Employee to access this confidential data must be reported by the ITOTS System Manager to David Mills by email, phone or fax. This is critical to ensure the protection of the data. Any attempt by the Employee to access this data after a status change can result in legal action being taken against them in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule.			

ITOTS Use Only:

Date Entered into ITOTS:	
Entered by:	
Approval Signature:	