



PART A – TO BE COMPLETED BY THE PERSON TO BE GIVEN ACCESS – Please Print Clearly or Type To Avoid Delays in Processing the Form. Accurate Logons are Dependent Upon the Clear Spelling of the User's Name.

1. NAME OF PERSON TO HAVE ACCESS

Last Name	First	MI
Security Keyword (e.g. Mother's Maiden Name, or other)	Work E-Mail Address	

I understand that OASAS systems contain confidential data, use of which is restricted by and subject to the regulations of Title 42 of the Code of Federal Regulations, 42 CFR Part 2, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR Pts. 160 and 164; the Federal Driver's Privacy Protection Act (DPPA), 18 USC § 2721; and the NYS Information Security Breach and Notification Act, Chapter 442 and 491 of the Laws of 2005, codified in § 208 of the State Technology Law (STL) and § 899-aa of the General Business Law (GBL); I agree to comply with all requirements set forth within the aforementioned sections of law governing the use and re-disclosure of information obtained through my access to OASAS systems; I also agree that I will neither share my access code with any other person nor share with any unauthorized person information obtained from these systems. My use of information obtained through OASAS systems is solely in accordance with my normal course of business and in connection with the purpose for which my access to these systems has been approved. Misuse and abuse of information that is obtained from OASAS systems will result in a termination of access and may subject me to civil and/or criminal penalties.

User _____ Telephone _____
 Signature _____ No. () _____ Date _____

2. AGENCY REQUESTING ACCESS (Select and Complete One Choice Only)

<input type="checkbox"/> Service Provider Name	OASAS Provider No. (OASAS Certified Only)
<input type="checkbox"/> LGU / County Name	

3. ADDRESS (Street, City, State, Zip Code)

4. SYSTEM TO BE ACCESSED <i>(See Descriptions on Page 2)</i>	5. OPTIONS/LEVELS OF ACCESS		
	Provider <small>(Check only ONE OPTION below for any system access)</small>	LGU	Other
<input type="checkbox"/> Client Data System	On-Line Reporting Options: <input type="checkbox"/> Data Entry or <input type="checkbox"/> File Transfer or <input type="checkbox"/> Inquiry	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Gambling	<input type="checkbox"/> Data Entry or <input type="checkbox"/> Inquiry		
<input type="checkbox"/> Provider Directory System (PDS)	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Data Entry	
<input type="checkbox"/> Continuing Care (CCARE)	<input type="checkbox"/> Data Entry or <input type="checkbox"/> Inquiry	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Impaired Driver System (IDS)	<input type="checkbox"/> Clinical Data Entry or <input type="checkbox"/> Clinical Inquiry or <input type="checkbox"/> IDP Data Entry or <input type="checkbox"/> IDP Inquiry		<input type="checkbox"/> DMV Inquiry or <input type="checkbox"/> Probation Inquiry
<input type="checkbox"/> Impaired Driver Classroom (IDC)	<input type="checkbox"/> IDP Data Entry or <input type="checkbox"/> IDP Inquiry		<input type="checkbox"/> DMV Data Entry or <input type="checkbox"/> DMV Inquiry
<input type="checkbox"/> County Planning System (CPS)			
<input type="checkbox"/> Training Catalog			
<input type="checkbox"/> Perception of Care			
<input type="checkbox"/> Other <i>(specify)</i> _____	<input type="checkbox"/> Data Entry or <input type="checkbox"/> Inquiry	<input type="checkbox"/> Inquiry	

PART B – TO BE COMPLETED BY THE AGENCY CONTACT PERSON AND SENT DIRECTLY TO OASAS AS INSTRUCTED ON PAGE 2

NAME OF AGENCY CONTACT PERSON (Print Last, First, MI)	Telephone No. ()	Fax No. ()
WORK E-MAIL ADDRESS		
I hereby authorize the employee identified in Part A to obtain access to the system indicated in conjunction with his/her official duties. I will contact OASAS immediately when the individual no longer requires such access.		
Signature _____	Date _____	

FOR USE BY BUREAU OF INFORMATION TECHNOLOGY SERVICES

LOG-ON	USER NO.	SYSTEM ACCOUNT ADDED	APPLICATION ACCESS GRANTED	USER NOTIFIED
		Initials Date	Initials Date	Initials Date
ADDITIONAL COMMENTS/INSTRUCTIONS				

REFER ANY QUESTIONS TO OASAS PROVIDER HELP DESK AT (518) 485-2379

This form is for use by OASAS service providers, Local Governmental Agencies (LGUs), and other authorized agencies to document approval for their staff to access and/or electronically submit data to a variety of online OASAS-maintained data systems.

Part A

1 – Name and contact information for person seeking access

- Last Name, First Name, MI: The last name, first name, and middle initial (if applicable) of the individual seeking online access.
- Security Keyword: This word will be used for security purposes and should be something easily remembered (e.g., mother's maiden name)
- Work Email Address: Provide the individual's work email address.
- Sign and date the form acknowledging agreement with the security statement and provide a contact phone number.

2 – Agency requesting access

- Service Provider Name: Enter full provider name*.
- OASAS Provider No.: For OASAS certified and/or funded providers, enter OASAS provider number. This number is up to 5 digits in length.
- LGU/County Name: Enter County name for LGU or county DMV users*.

*Department of Motor Vehicles (DMV) employees who work at a county DMV office, as well as Probation, should complete LGU/County Name, e.g., DMV Albany County. All other DMV employees enter DMV Central Office in Service Provider Name.

3 – Address of Agency

- Address (street, city, state, and zip code) of the requesting agency.

4 – System(s) to be Accessed (Select all that apply):

- **Client Data System (CDS)**– enables providers of treatment services to report client demographic and service delivery data online. This includes data on admissions, discharges, transfers, service delivery data, including units of service via the Monthly Service Delivery (MSD), and waiting list data. The system can accept inquiries and generate operational and statistical reports. The system is accessible by OASAS certified service providers and associated LGU administrators.
- **Gambling**– enables OASAS certified providers of problem gambling treatment services to report demographic and service delivery data online. This includes data on admissions, discharges, and waiting list data. The system can accept inquiries and generate operational and statistical reports. The system is accessible by OASAS certified service providers and associated LGU administrators.
- **Provider Directory System (PDS)**– enables OASAS certified and/or funded providers and associated LGU administrators to maintain their contact information and limited information regarding their provider and programs.
- **Continuing Care (CCARE)**– enables OASAS certified treatment providers to report on utilization of Continuing Care services on a per visit basis.
- **Impaired Driver System (IDS)**– enables providers of clinical services to impaired driving offenders and Impaired Driver Program (IDP) services to report client service delivery information online for motorists arrested for or convicted of impaired driving related offenses pursuant to section 1192 of the Vehicle and Traffic Law. Data collected via this system will be shared with the Department of Motor Vehicles as required for their relicensing process.
- **Impaired Driver Classroom (IDC)**– enables county DMV employees to enroll eligible motorists in New York State IDPs. Approved NYS IDPs will access the system to view rosters online, transfer or reschedule motorists to other classes as necessary, and enter information regarding instructors and class locations. Central Office DMV employees will access the system for the purpose of identifying approved IDP locations and instructors.
- **County Planning System (CPS)**– is a Web-based application utilized for completing and submitting required annual planning forms, communicating with the field on planning-related matters, and providing timely and accessible data resources.
- **Training Catalog** - is a publicly accessible resource for trainings offered by OASAS and its Certified Education and Training Providers, which are acceptable toward satisfying initial and/or renewal requirements for the CASAC, CPP and CPS. OASAS Certified Education and Training Providers require a login to manage their training offerings.
- **Perception of Care** - is a Survey System intended to support service providers in implementing effective client surveys as part of their Quality Improvement (QI) program.

5 – Options/Levels of Access (Select the appropriate level of access for each system requested. Access level should be consistent with tasks to be performed.

- Data Entry: Allows for online data entry and is inclusive of Inquiry access.
- File Transfer: Allows for electronic batch/file transfer submission of data as well as online data entry and is inclusive of Inquiry access.
- Inquiry: Allows read-only view of data.

Part B - To be completed by the agency contact person*:

- Name of Agency Contact Person: Print last name, first name, and middle initial of agency contact person.
- Telephone No.: Contact telephone number for agency contact person.
- Fax No.: Fax number for agency contact person.
- Work Email Address: Work email address of agency contact person.
- Signature and Date: The representative authorized to approve data access for service provider (agency contact person) is required to sign and date the form. By signing this form, the individual verifies that the appropriate access is being requested.

*For CDS, PDS, Gambling, and CCare access, the OASAS provider's External Access Approver as identified in the PDS is required to sign Part B of this form.

Submit form by **Mail**:

NYS OASAS PROVIDER HELP DESK
800 North Pearl Street – Rm 214
Albany, NY 12204

Submit by **Email**

Healthhelp@its.ny.gov

Submit by **Fax**:

(518) 473-1316

Attention: PROVIDER HELP DESK (Please do not fax the instruction pages.)

The Provider Help Desk will contact the individual directly to provide a confidential access code and instructions on establishing an individual password.

SECURITY FEATURES

To assist the user in managing their password, the assignment of a "hint" is provided. The use of the "hint" allows the user to assign a new password if they have forgotten their current one. This "self-management" feature is available via the Change Password link on the OASAS Applications login page.

If an incorrect login or password is used to access an OASAS system, the account will be disabled after five consecutive attempts. Access rights will only be restored by contacting the Provider Help Desk. Please note the login and password are case sensitive.

If a user does not access an OASAS system during a consecutive 90-day period, the account will be disabled. Access rights will only be restored by contacting the Provider Help Desk.

If a user does not access an OASAS system during a consecutive 400-day period, the account will be closed, and access rights terminated. Access rights will only be restored by resubmitting a new IRM-15 request.