

North Carolina Department of Health and Human Services



Department of Public Health
 Women's & Children's Health Section
 1914 Mail Service Center, Raleigh, North Carolina 27699-1914
 Tel 919-707-5800 • Fax 919-870-4863



USER ID SERVICE REQUEST for WIC ACCESS in HSIS

Employee Information

Fill out this section completely for all requests. Please print or type.

01. Employee Name:		02. Position:	
03. Program Code:	04. Site No:	05. Bill Code: -NER	06. County Code:
07. Agency Name:		08. County Name:	
09. Street Address:		10. City: _____, NC	
11. Zip:	12. Email Address:		
13. Main WIC Phone Number: ()		14. WIC Fax number: ()	

Request New User ID

< OR >

Change Existing User ID

15. <input type="checkbox"/> Full WIC Access
16. <input type="checkbox"/> View Only WIC Access
17. <input type="checkbox"/> XPTR/XNET Access
18. <input type="checkbox"/> Other (Explain):
<i>Please complete the following information, if known, for New User ID and Transfer User ID Requests:</i>
19. Remote Terminal ID:
20. Voucher Station Number:
21. Report Printer Node:
22. MICR Printer Node:

23. **Enter Current User ID: _____ ** <i>(Required for All User ID Change Requests)</i>
24. WIC Access Level Change
24a. <input type="checkbox"/> Request Full Access
24b. <input type="checkbox"/> Request View Only Access
24c. <input type="checkbox"/> Remove WIC access from Non-WIC User ID
24d. Request <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Delete Access to Specific Screen #
24e. <input type="checkbox"/> Remove Access from Screen #
25. <input type="checkbox"/> Terminate WIC User ID Effective Date:
26. Other
26a. <input type="checkbox"/> (Explain)
26b. <input type="checkbox"/> Change/Correct User Name:
26c. <input type="checkbox"/> Add XPTR/XNET Access
26d. <input type="checkbox"/> Remove XPTR/XNET Access
27. Transfer User ID (Fill out all below as well as #18 - #21)
27a. Old End date:
27b. Old Agency Name:
27c. New Start date:
27d. New Agency Name:

(For NSB Helpdesk Use Only)

RACF ID #	Date Completed:	Initials:
<input type="checkbox"/> NCTE	<input type="checkbox"/> PW	<input type="checkbox"/> HSIS
<input type="checkbox"/> XLS	<input type="checkbox"/> XPTR/XNET Access	
<input type="checkbox"/> IRM	<input type="checkbox"/> Created Notification Letter	
<input type="checkbox"/> Faxed/Emailed WIC Director		
<input type="checkbox"/> Remedy Ticket _____		

Authorization

I am the WIC director for this program/site and I authorize the requested User ID service.

28. Signature of WIC Director	29. Print Name of WIC Director
30. Date Signed:	31. Phone Number: ()

Do not sign this form before it has been filled out.

North Carolina Department of Health and Human Services

**Please fill out a Confidentiality Agreement form for New User ID, Transfer User ID or Name Change requests only.
Fax all completed form(s), signed and dated, to the NSB Helpdesk at 919 870-4863.**

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North Carolina Department of Health and Human Services

***HSIS CONFIDENTIALITY AGREEMENT
FOR NEW USER ID, TRANSFER USER ID,
AND NAME CHANGE REQUESTS***

The State Center for Health Statistics (SCHS) recognizes the need to maintain the confidentiality of information received from any individual. In case of medical records, the right to confidentiality is guaranteed under North Carolina law (General Statutes 130A-143, 130A-93, 130A-12, and 130S-374) and these data can only be released with approval of the Director of SCHS. Additionally, in accordance with G.S. 130A-93 (e), medical information obtained from birth certificates can only be released upon approval of the State Registrar.

As part of the State Center for Health Statistics, the Health Services Information System (HSIS) is a collection point for data from many public health agencies. Because this data contains personal identifiers that must remain secure and confidential:

- I agree to access information in HSIS only on a “need to know” basis.
- I will not divulge, copy, or release any information from HSIS to any unauthorized person or persons.
- I understand that prior written permission for release of any data collected in HSIS must be obtained from the source of that data.
- **I will not release my User ID or password to anyone else, nor do I approve of anyone else accessing or altering information in HSIS using my ID.**
- I understand that I am responsible for the quality of the data I enter into HSIS.

Failure to comply with these policies will result in User privileges being revoked. That failure may be subject to disciplinary action under laws of the State of North Carolina.

User's Signature

Date Signed

()

Printed Name

Direct Phone Number

()

Facility/Organization Name ***and*** County Name where WIC
access is requested

Fax Number

(For NSB Helpdesk Use Only)

RACF ID #:

Date Completed:

Initials:

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