



HIV/AIDS
Information
Resources
System (HIRS)



SYSTEM ACCESS & SECURITY REQUEST/AUTHORIZATION FORM

Agency: _____ Employee Name: _____
Division/Program Name: _____ Counselor Certification # (if applicable): _____
Job Position: _____ Phone Number: _____

HIRS Training Date: _____

REQUEST FOR: HIRS Login and Password
 VPN Login and Password
 Deactivate User Reason: _____

SYSTEM FUNCTIONS/ACCESS REQUESTED:

- Client Registration Data Entry
- HCT Service Screens (Risk Assessment, Testing Disclosures, Referrals, Follow-up)
- HCT Invoice Generation and Review
- Data Maintenance Tasks (Delete, Activate, Inactivate Information)
- (OAPP Use Only) High Level Services/Prevention System Reports

Requested By: _____ / _____ Date: / /
(Type Name) (Signature)

Agency Prevention or
HCT Program Director Approval _____ / _____ Date: / /
(Type Name) (Signature)

FOR OAPP INFORMATION SYSTEMS USE ONLY

OAPP HIRS System Administrator: _____ Date: _____

HIRS USER Login Name & Password: _____

VPN Login Name & Password: _____

Access Levels: _____ Application System Module(s): _____

Issued By: _____ DATE: _____ Reviewed By: _____ Review Date: _____

Remarks: _____

**Please fax this form to your OAPP Program Manager
Fax: (213) 351-7698**