



**Office of
Mental Health**

Authorization Management System - Self Registration (AMSSR) Manual

2026

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1. Introduction

The Facility Director or Signatory designates the Security Manager to request access to the Authorization Management System (AMS) through Authorization Management System Self Registration (AMSSR). Once access is granted, the Security Manager can update user's demographic information, maintain user groups from their facility, view existing groups for users, approve or deny access to certain OMH application security groups, and deactivate and activate users. A Security Manager can be associated with multiple facilities at the same time.

This user manual provides step-by-step guidance on submitting the self-registration request in AMSSR.

2. Accessing the Application

2.1 You can only access the AMSSR system using a unique link sent to you in an email notification as mentioned above.

An example of the email is seen below:

From: ams-donotreply@its.ny.gov <ams-donotreply@its.ny.gov>
Sent: Tuesday, April 7, 2026 5:10 PM
To: xxxomh.ny.gov <mask@omh.ny.gov>
Subject: Response within 24 hours required- Authorization Management System (AMS) Self-Registration link for Security Manager

Dear XXXXX,

Your Facility Director has designated you as a Security Manager for your facility. Security Managers use AMS to grant, approve or deny staff persons (from your facility) access to certain OMH applications, and the security groups within the applications. To be a Security Manager for Test Facility (for user manual), you must complete the self-registration form. **Please click on the link below.** If you have an existing OMH application user ID for your facility, have it available when you click the link. If your link does not work or has expired, please reach out to your Facility Director to resend the link from the CNDA Application to you.

AMS self-registration link (expires in 24 hours):
https://amssr-qa.omh.ny.gov/invite/r8b01pk3evwpltdbjppjqqtz5u9j5v_o4v89fu8

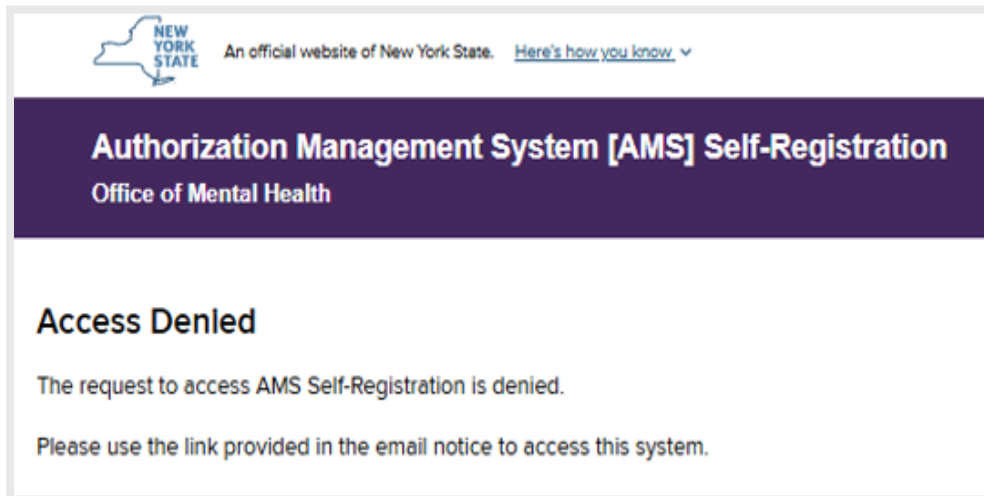
If you need assistance or have received this email in error, please contact the OMH Help Desk at 518.474.5554 or 1.800.HELP.NYS (1.800.435.7697) or via email at healthhelp@its.ny.gov

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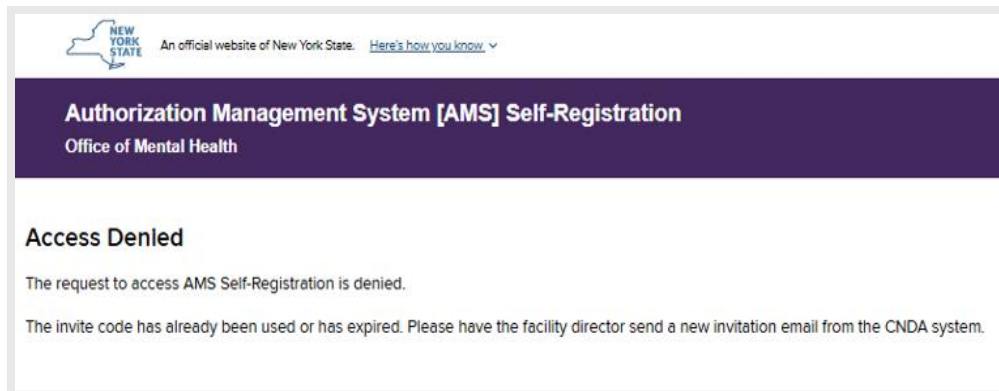
Ref #: 9193

PLEASE DO NOT REPLY TO THIS EMAIL. THE MAILBOX IS NOT MONITORED.

2.2 Access will be denied if you try to log in without the link.



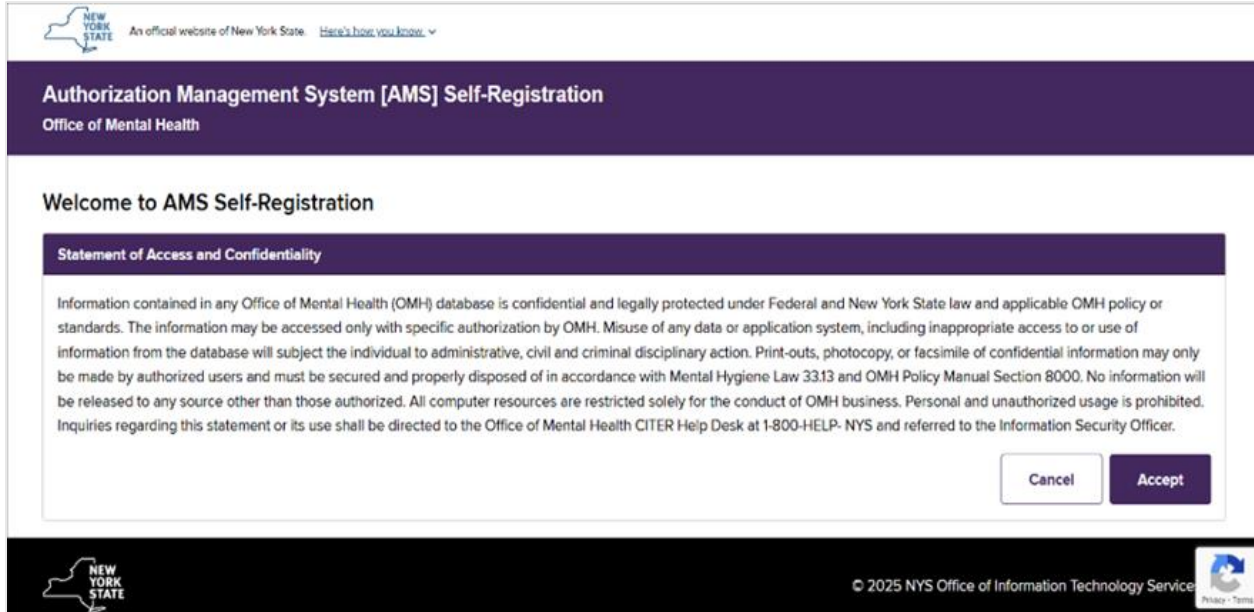
2.3 You'll be denied access, if you try to use an expired or already used link.



3. Statement of Access and Confidentiality

3.1 If your link is valid, you'll be taken to a Welcome to AMS Self-Registration page titled "Statement of Access and Confidentiality". It's crucial to read this before proceeding.

3.2 To continue, click Accept on the welcome page. The link expires once the accept button is clicked.



NEW YORK STATE
An official website of New York State. [Here's how you know.](#)


Authorization Management System [AMS] Self-Registration

Office of Mental Health

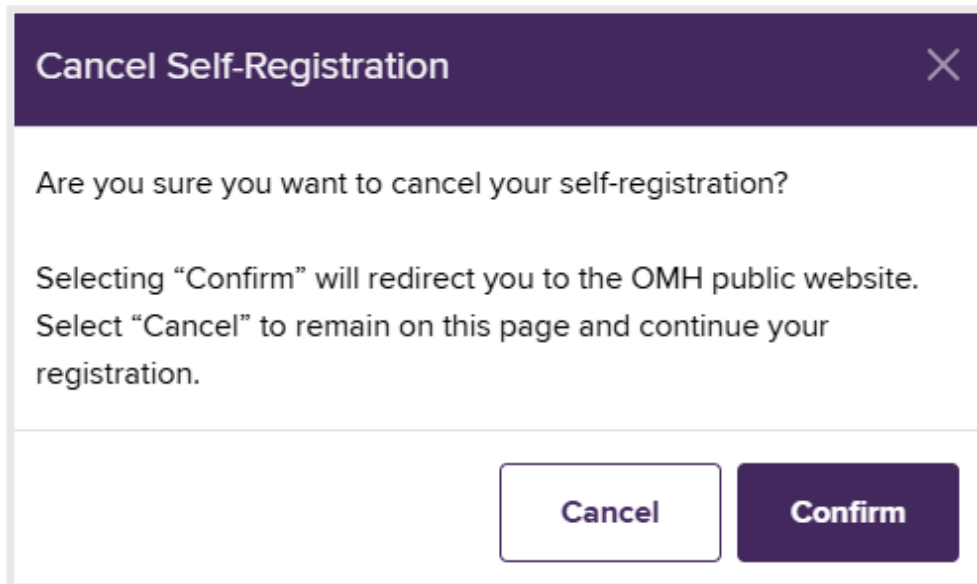
Welcome to AMS Self-Registration

Statement of Access and Confidentiality

Information contained in any Office of Mental Health (OMH) database is confidential and legally protected under Federal and New York State law and applicable OMH policy or standards. The information may be accessed only with specific authorization by OMH. Misuse of any data or application system, including inappropriate access to or use of information from the database will subject the individual to administrative, civil and criminal disciplinary action. Print-outs, photocopy, or facsimile of confidential information may only be made by authorized users and must be secured and properly disposed of in accordance with Mental Hygiene Law 33.13 and OMH Policy Manual Section 8000. No information will be released to any source other than those authorized. All computer resources are restricted solely for the conduct of OMH business. Personal and unauthorized usage is prohibited. Inquiries regarding this statement or its use shall be directed to the Office of Mental Health CITER Help Desk at 1-800-HELP-NYS and referred to the Information Security Officer.

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3.3 If you choose to **cancel**, the following pop-up message displays.



Cancel Self-Registration

Are you sure you want to cancel your self-registration?

Selecting "Confirm" will redirect you to the OMH public website.
Select "Cancel" to remain on this page and continue your registration.

4. Self-Registration Process

- 4.1 After accepting the disclaimer, you'll be taken to the AMS Self-Registration Form. New users must fill out the mandatory fields.

AMS Self Registration Form

Facility Information

Facility Name: Test Facility
Facility Address: 123 Test Dr
City State Zip: Albany, NY 12144

Security Manager Information

Please fill out the mandatory fields. Mandatory fields are indicated with an asterisk (*). When your request is approved, you will be notified by email of your userid and password.

First Name* **Middle Initial** **Last Name***

Email Address

Title **Work Phone Number*** **Ext**

Street Address **Apt/Floor/Suite**

City **State** **Zip Code**

* I have read and agree to the [Confidentiality & Non-Disclosure Agreeem](#)

4.2 Existing Users should select your existing OMH User ID from the drop-down list below.

AMS Self Registration Form

Facility Information

Facility Name: Test Facility
Facility Address: 123 Test Dr
City State Zip: Albany, NY 12144

Existing User ID

Please select your existing OMH User ID from the drop-down list below.

Select existing OMH User ID
Select User ID

Security Manager Information

Please fill out the mandatory fields. Upon submission of your request, you will receive an email with your User ID and instructions to create your password. Once your password is set, follow the steps in the email to request your token.

First Name* Middle Initial Last Name*
Test M Test

Email Address

Title Work Phone Number* Ext
Enter Ext

Street Address Apt/Floor/Suite

City State Zip Code

I have read and agree to the [Confidentiality & Non-Disclosure Agree](#)

Cancel Submit

[Privacy - Terms](#)

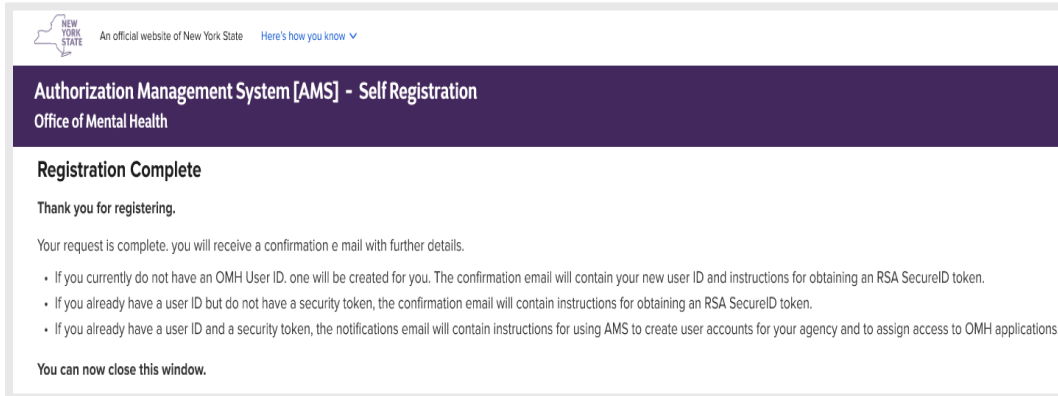
4.3 You must click on the link for the Confidentiality & Non-Disclosure Agreement. This must be read before you can submit the form. If you click Cancel at any point, the following pop-up message displays.

Cancel Self-Registration

It appears that you are attempting to cancel the form before submitting. Proceeding will result in the loss of all unsaved data and you will need to reach out to the facility director to get the link emailed to you again. Are you sure you want to cancel?

No Yes

- 4.4 After you've filled out all the required fields and clicked on the "I have read and agree to the Confidentiality & Non-Disclosure Agreement" checkbox, you can click the Submit button. A successful submission will take you to a Registration Complete page, and you will receive a confirmation email with further details.



5. Support

For assistance or technical issues including accessing the AMSSR application:

OMH Employees and Contractors contact ITS Helpdesk:

Phone: 844-891-1786

Email: fixit@its.ny.gov

Chat: chat.its.ny.gov

OMH Local Providers contact the OMH Local Provider Helpdesk:

Phone: 1-800-HELP-NYS (1-800-435-7697) Option #2

Email: healthhelp@its.ny.gov