

New User Request Form

This is an optional form for facilities to use internally for a staff member to request PSYCKES access.

Date of Request: _____

Staff Requesting Access:

First Name: _____ Last Name: _____

Existing OMH User? Yes No If yes, User ID (if known): _____

Email address: _____

Mailing Address: _____

Unit/Area: _____ Phone # / extension: _____

Type of Access Needed:

- PSYCKES-Medicaid Access
- PSYCKES-Medicaid Access **plus** Registrar (PHI Access Module) Access

Requestor

Signature: _____ Date: _____

Departmental Approval:

Print Name: _____ Title: _____

Signature: _____ Date: _____

This form should be submitted to your facility's Security Manager (not PSYCKES team). If you do not know who your facility's Security Manager is, check with your manager or contact PSYCKES-Help@omh.ny.gov.