

Site Security Administrator Username /Password Request Form for Private Practices

To access the Online Registry, each health care facility or private practice needs to designate a **Site Security Administrator (User Manager)**. The CIR assigns a username to the Security Administrator, who can then set up additional user accounts for staff members at this site. If the Security Administrator is not the supervising physician, he/she needs to register under the license number of a supervising physician, physician assistant, or nurse practitioner. (See Item 5, below).

Steps for completing the form below: *All items are required.*

1. Print the name of the Site Security Administrator and title.
2. Print the name of the practice or facility, and your facility code, which is the code you were given for reporting purposes. (If you do not have a code or if you have forgotten your code please visit www.nyc.gov/health/cir and click on the link "Register." Or go to: <<https://a816-healthpsi.nyc.gov/OnlineRegistration>>. You may also contact us by email at cir@health.nyc.gov, or call **(347) 396-2400** for instructions.)
3. Print your site address.
4. Print the phone number, fax and email address that CIR can use to contact the Site Security Administrator.
5. Fill in the Security Administrator's license number, if the person is same as above. Or, enter the name and license number of the **supervising** physician, physician's assistant or nurse practitioner.
6. Once you have completed this form:
 - Once you have completed this form, mail or fax both this form, along with a signed **Security Administrator Confidentiality Statement for Online Access** to the CIR at the address below. Attach a copy of your facility letterhead. Letterhead is required to process your request.
 - Upon receipt of these forms, the CIR will contact the site by email to provide the Security Administrator with a username and a time-sensitive link to password set-up instructions.

1. Name of Security Administrator:

Title

2. (a) Name of Practice/Facility:

(b) Facility Code:

3. (a) Address:

(b) City :

(c) Zip:

4. (a) Phone:

(ext.)

(b) Fax:

(c) Email:

Security Administrators **MUST** register under the license number of a Physician, a Physician's Assistant or a Nurse Practitioner:

5. (a) Name (If different from above):

(b) License#:

(c) Signature of Physician, Physician Assistant or Nurse Practitioner:

FOR OFFICIAL USE:

User name _____

Password _____

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ssa-request-private

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