

Louisiana Electronic Event Registration System

USER ID REQUEST FORM

ADMINISTRATIVE

For Vital Records Use Only
Date Received: __/__/____
Date Created: __/__/____
User ID: _____

INDUCED TERMINATION OF PREGNANCY (ITOP) MODULE

All Fields are required to complete Registration

SECTION 1 - USER INFORMATION

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle:	<input type="text"/>
Job Title:	<input type="text"/>				
Phone:	<input type="text"/>	Extension:	<input type="text"/>	Email:*	<input type="text"/>
User Is:	Check CERTIFIER if this user is authorized to certify records : <input type="checkbox"/> CERTIFIER				
<input type="radio"/> VR CENTRAL OFFICE	<input type="radio"/> NURSE				
<input type="radio"/> ITOP CLINIC MANAGER	<input type="radio"/> OTHER (Specify Below):		<input type="text"/>		
<input type="radio"/> ITOP CLERK					
State License Number (Physicians only):	<input type="text"/>				

*** This email will be used to send password information, Personal Identification Number (PIN) (where relevant) and other LEERS related communication to the user named in Section I.**

Facility #1 Name:	<input type="text"/>		
Type of Facility (e.g. Hospital, Clinic, etc.):	<input type="text"/>		
Street Address:	<input type="text"/>		
Parish:	<input type="text"/>	City/Town:	<input type="text"/>
		Zip Code:	<input type="text"/>

Facility #2 Name:	<input type="text"/>		
Type of Facility (e.g. Hospital, Clinic, etc.):	<input type="text"/>		
Street Address:	<input type="text"/>		
Parish:	<input type="text"/>	City/Town:	<input type="text"/>
		Zip Code:	<input type="text"/>

SECTION 3

Induced Termination of Pregnancy (ITOP) Module

The undersigned understands and agrees that use of this system falls under the Louisiana Department of Health (LDH). The undersigned also agrees to abide by the User Agreement and understands that non-compliance with any part of this agreement may constitute grounds for termination of the agreement and access to LEERS. This agreement allows the user access to LEERS and will be reviewed annually for compliance. Otherwise, it is effective until terminated.

Please read through this User Agreement thoroughly and follow the instructions. Applications are processed in the order they are received. If you have any questions please contact the LEERS Help Desk at (504) 593-5101 or LEERS@la.gov

This agreement is between the Louisiana Department of Health (LDH) and its predecessor agencies, and the user completing this agreement. This agreement sets forth the expectations for access to and use of the Louisiana Electronic Event Registration System in registering ITOP records. The terms "facility" include "clinics" and "hospitals" using the LEERS program to register ITOP records.

The user must complete this User Agreement and User ID Request Form before access to the LEERS program will be given.

The user will not disclose their assigned user ID or password to another individual. The user will not allow another user access to LEERS through their account.

Each user is responsible for all activity which occurs under the auspices of their user ID.

The user provided access to LEERS must comply with the "LDHIT Network Security Standards and Procedures" as provided by LDH at the signing of this agreement.

<http://www.dhh.louisiana.gov/offices/miscdocs/docs-252/LEERS/LA%20DHHIT%20Network%20Security%20Standards%20and%20procedures.pdf>

The user will not use or disclose any information contained in the LEERS program except to fulfill their obligations as an employee of stated facility or as required by applicable law.

User agrees to enter and register ITOP reports in accordance with Louisiana Revised Statutes (LA R.S. 40:63-66; 40:1299.10; LAC 48.V.45.123.12313).

LDH will provide technical assistance for LEERS.

Failure to comply with the User Agreement Requirements may result in **termination** of the agreement and access to LEERS.

SECTION 4 - SIGNATURES

SUPERVISOR STATEMENT

(Not required if user is physician or Clinic Director)

I do hereby certify that I have discussed this agreement with the above named user and have explained that execution of this form is: (1) necessary for compliance with state and federal confidentiality guidelines, (2) Mandatory in order to perform functions of the user's position.

Supervisor's Name (Print)

Phone Number:

Supervisor's Signature

Date

USER STATEMENT

I certify that I have read and understand the User Agreement for LEERS. I agree to abide by this policy.

User's Name (Print)

User Signature

Date:

Submit this form by clicking the print button and obtaining signatures, then fax to: (504) 593-5196
Attn: LEERS Program or email to LEERS@la.gov.

Your User ID, password, temporary PIN (if applicable) will be emailed to the address provided on this form when your User ID is activated.