Commonwealth of Massachusetts
Executive Office of Health and Human Services

HCSIS User Request Form for Virtual Gateway Access
Provider/State Operated Program

EMAIL COMPLETED REQUEST TO:
DDS.CustomerServices@State.MA.US

Questions?
Please call DDS Customer Service Center
1-866-367-8163

DDS.CustomerServices@State.MA.US

(PRINT OR TYPE CLEARLY)

User's Name (First Name, MI, Last Name)	4 Digit PIN* [Personal Identification Number]	MMDD of Birth	E-mail Address (Work)	Phone Number/Ext (Work)	Exec. Director/ Designee Role	HCR Data Entry Role	HCR Supervisor Role	Human Rights Coordinator Role	IM Data Entry Role	IM Staff Role	IM Supervisor Role	Default User (for User Creation)	HCR Read Only Role	Restraint Manager Role	Restricted Provider IM Data Entry	State Op. Nursing Supervisor Role [State Op only]	Provider Investigations Designee	Provider/State Data Extract Request Role	Provider Administrator for Enchanced Security	Provider ISP Data Entry Role	Provider ISP Supervisor Role	Local HCSIS Admin (for HCSIS User Administration) Role	(Checl New Request

*** Select a 4 digit Personal Identification Number [PIN] The user may be asked to provide this number to identify themselves when calling the Virtual Gateway Customer Service. It must be 4 numbers (0-9) and be something that can be remembered, but not easily 1234 and 0000 are disallowed.**

Organization Access Administrator Signature

Organization Full Name

Today's Date

Print Organization Access Administrator Name

Virtual Gateway Organization ID

k One)

Edit Existing User	Delete Existing User

y guessed.