

To: Office of Information and Data Management
 Department on Disability Services

From: *Please insert (Name and Title of Senior official: (CEO, Director, etc)).*

Date: *Date of Request*

Subject: Request for MCIS/LON or LON Access

This memo serves as a request to the Department on Disabilities Services (DDS) to new/remove/update users of *(your organization/company name with address)* as it relates to accessing the MCIS and/or LON system. In order to access the case information of your clients, this request is being submitted by your agency for documentation purpose and to adhere to the DDS's policy regarding the reporting of incidents within 24-hour.

I understand that MCIS/LON accounts should not be shared among employees within my organization and each employee needing access require a separate log-in account. Any user who receives an invalid logon attempt notification, stating their account was disabled due to one hundred twenty days (120) of inactivity/non-use and placed in an inactive status. A new request for a MCIS/LON account will have to be made and submitted using this form.

I understand that this request form must be submitted on my organization's letterhead and faxed to the attention of the DDS Office of Information and Data Management (OIDM) at 202/730-1515 or e-mailed as a PDF attachment. I also understand that it is my organization's responsibility to notify the DDS/OIDM within 24 hours when my employee, with an MCIS/LON account resigns or is terminated, using this request form.

Please find below the employee(s) information that should be included to add/remove/update a MCIS/LON account.

Personal or duplicate e-mail accounts are not acceptable due to potential security violations and the HIPAA Law. Please be sure to contact the IT Help Desk at 202-730-1605 upon forwarding this document to ensure a prompt response.

<i>NAME</i>	<i>SPECIFY NEW, REMOVE, UPDATE</i>	<i>TITLE</i>	<i>OFFICIAL COMPANY E-MAIL ADDRESSES ONLY</i>	<i>STAFF TELEPHONE NUMBER</i>

I am submitting this as an independent contractor (Please check here _____ if applicable). Also, for all please check one of the following MCIS & LON _____ or LON only_____.

If any additional information is required, please feel free to contact *your Agency's contact person, name and number.*

Sincerely,

Senior Official:

Title:

Contact Phone#/E-mail: