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| **DEPARTMENT OF HEALTH SERVICES**Division of Care and Treatment ServicesF-03146 (05/2023) |  | **STATE OF WISCONSIN**Wisconsin Resource Center |
| **FACILITY REQUEST FOR DHS CONNECT VIEWER ACCESS** |
| **[ ]  Add access to DHS Connect Viewer** | **[ ]  Remove access to DHS Connect Viewer** |
| **EMPLOYEE INFORMATION:** To be completed by requestor. |
| DOC Facility |
|       |
| First Name | MI | Last Name |
|       |       |       |
| DHS Connect Position |
| Navigator Read Only:       |
| Name of Employee with Similar Role (First, MI, Last)  |
|       |
| Employee Email Address | Employee ID |
|       |       |
| IAM Username |
|       |
| **SIGNATURES** |
| **SIGNATURE –** Requestor | Date Signed |
|  |  |
| **SIGNATURE –** Approver | Date Signed |
|  |  |
| Send completed form to DHSWRCDHSConnectAccess@dhs.wisconsin.gov |
| **The following to be completed by WRC personnel only:** |
|  |  |
| Approved at WRC [ ]  Yes [ ]  No |  |
| **SIGNATURE –** Director of Nursing or Designee | Date Signed |
|  |  |
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| **DOC WORKFLOW ROUTING** |
| **Staff Type** | **Requestor** | **Approver** |
| Psychology | PSU Supervisor | PSU Approver for Max, Med., or Min. Facilities |
| Nursing/Primary Care/Psychiatry | Health Services Manager | Nurse Coordinator |
| Central Medical Records | Health Information Supervisor | Health Information Supervisor |