County of Los Angeles
Department of Public Health,
Office of AIDS Programs and Policy

HIV/AIDS
Information
Resources
System **(HIRS)**

HIRS SASRAF

SYSTEM ACCESS & SECURITY REQUEST/AUTHORIZATION FORM

Agency: _____ Employee Name: _____

Division/Program Name: _____ Counselor Certification # (if applicable):_____

Job Position: _____ Phone Number: _____

HIRS Training Date: _____

REQUEST FOR:

- ☐ HIRS Login and Password
- ☐ VPN Login and Password
- ☐ Deactivate User Reason: _____

SYSTEM FUNCTIONS/ACCESS REQUESTED:

- ☐ Client Registration Data Entry
- ☐ HCT Service Screens (Risk Assessment, Testing Disclosures, Referrals, Follow-up)
- ☐ HCT Invoice Generation and Review
- ☐ Data Maintenance Tasks (Delete, Activate, Inactivate Information)
- ☐ (OAPP Use Only) High Level Services/Prevention System Reports

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Requested By: _____/ _____ Date:_____
(Print Name) (Signature)

Agency Prevention or
HCT Program Director Approval _____/ _____ Date:_____
(Print Name) (Signature)

FOR OAPP IS USE ONLY

OAPP HIRS System Administrator: _____ Date: _____

HIRS USER Login Name & Password: _____

VPN Login Name & Password : _____

Access Levels: _____ Application System Module(s): _____

Issued By: _____DATE: _____ Reviewed By: _____Review Date: _____

Remarks:

Please Fax the form to: Oleg Martynov, OAPP Provider Support Services Division, Tel: (213) 351 8068 and Fax: (213) 738 6571 after completion.