

KDADS/DCF EAS Application for Citrix Users

Employee Information

- ADD USER Check if Existing KCPC
 CHANGE USER
 DELETE USER

KDADS ONLINE SECURITY AGREEMENT
 DCF SECURITY AGREEMENT
 CITRIX USE FORM
 KCPC COMPUTER QUESTIONNAIRE _____
 CYBER CERTIFICATE

Last Name: _____

First Name: _____

Middle Initial: _____

Phone: _____

Email: _____

Job Function/Title: _____

Employer Information

Employer/Program Name: _____

Address: _____

City: _____

Supervisor's Name: _____

Supervisor's Phone: _____

Supervisor's Email: _____

As an authorized Person, I have read the laws and regulations governing the use of Electronic Personal Health Information (PHI), and am aware of the responsibility of maintaining the privacy and accuracy of Individuals' PHI.

(FOR INTERNAL USE)

<input type="checkbox"/>	AAPS Provider/DUI
<input type="checkbox"/>	VO/MCO
<input type="checkbox"/>	Radac Central
<input type="checkbox"/>	Radac Screener

EAS Date	
EAS Number	
<input type="checkbox"/>	DBHS Citrix AAPS Provider
<input type="checkbox"/>	DBHS Citrix VO1
<input type="checkbox"/>	DBHS Citrix Radac Central
<input type="checkbox"/>	DBHS Citrix Radac Screener

Web Apps Roles