

**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DHHS COGNOS ACCESS AUTHORIZATION

Full Name:	
Position Title:	
Organization:	
Address:	Telephone Number:
E-mail address:	

New User **Change in Access** **Termination of Access**

Effective Date: _____

COGNOS access needed for staff from: (Check only one.)

Children **Adult Mental Health** **Developmental Services** **Quality Improvement**

Office of Substance Abuse **Agreement Management** **Meditech** **MaineCare Services**

Office of Information Technology **Other (Specify)** _____

Staff has completed training in the use of: (Check all that apply.)

Report Studio **Analysis Studio** **Reports (Read Only)**

Query Studio **Metric Studio** **Cubes (Specify which cube)** _____

Date Training Completed _____ Supervisor's initials _____

Staff is authorized to be given access to:

All items checked above. **Only items specified here:** _____.

HIPAA/Confidentiality Training (CBT or Classroom) completed. Supervisor initial here: _____.

Confidentiality web site: <http://www.ipsitech.org/bds/> Control + click or copy to Internet Explorer Address.

Supervisor (Print Name)	Date	Supervisor (Signature)
DHHS Commissioner/ Regional Director/ Superintendent/Designee/SP Lead (Print Name)	Date	DHHS Commissioner/Regional Director/ Superintendent/Designee/SP Lead(Signature)

For COGNOS Administrator use only.	
Access has been granted as above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:	Date: