

**DSHS TB/HIV/STD Section  
ARIES ACCOUNT REQUEST FORM**

**INSTRUCTIONS**

1. All Account Request Forms (ARFs) must be submitted with a HIPAA or security training certificate, signed Confidentiality Agreement, and a signed Acceptable Use Agreement. Security and Confidentiality training and Confidentiality Agreements must be renewed annually—ARFs will not be processed if either are expired and/or all required forms mentioned above are not submitted together. Forms and further instructions are available at the [ARIES access page](#). Please email account requests (containing 4 attachments including this form) and questions to the data manager at your Administrative Agency.
2. **All fields on this form in the Employee and Manager/Registration Authority sections must be complete before sending to the Data Manager for account provisioning.**
3. Requests must be submitted individually for each person needing access.  
NOTE: Requests will not be processed if annual HIPAA or security training has not been completed and/or confidentiality agreement and acceptable use agreement have not been received.

**EMPLOYEE INFORMATION**

◇First Name                      MI    ◇Last Name    ◇Phone

◇Email Address (business)

◇Agency Name    ◇Employee's Title/Role

◇Agency Address    ◇Agency City                      ◇ST    ◇Zip

Employment Status:    Full Time                      Part Time                      Volunteer

Equipment Type:    Desktop Computer                      Laptop

Date Security or HIPAA Training Completed:

    Proof of Training Attached (e.g. Certificate of completion):

Signed Confidentiality Agreement Submitted:

Signed Acceptable Use Agreement Submitted:

*By signing this form, I certify that I understand the sensitivity of information stored in ARIES. I have read and attest that I will comply with DSHS [TB/HIV/STD Section Confidentiality Information Security Procedures Policy 2011.01](#) and confidentiality and security policies and procedures implemented by my agency to protect the confidentiality of patient information. I further understand that if the rules are not followed as described, it is against contract compliance and may lead to a series of actions against myself and my contracted agency.*

**Signature:**

**Electronic signature required**  
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◇ This symbol is for DSHS/HHSC IT staff. Fields marked with this symbol are used or referenced when creating an ARIES certificate.

**This section must be completed by the requesting employee's supervisor**

**MANAGER/REGISTRATION AUTHORITY**

Provide a summary or list of the requesting user's job responsibilities related to using ARIES. Use this space to provide any other information that could help the Data Manager determine the appropriate role and permissions when creating the requesting user's ARIES account.

*By signing this form, I certify that the above employee has a valid reason to access the ARIES database and I authorize the Administrative Agency to grant the requested access.*

First and Last Name:

Phone:

Email:

**Signature:**

**Electronic signature required**  
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**STOP! Send to Administration Agency Data Manager once sections above are complete. Data Manager will contact user when the ARIES certificate is ready to be installed.**

**This section must be completed by the Data Manager and LRP at the AA.**

**ADMINISTRATIVE AGENCY SECTION**

**DATA MANAGER (DM) – Part 1** (Complete before sending to LRP for signature)

◇Name of Administrative Agency:

◇DM Name:

◇DM Phone:

◇DM Email:

Based on job responsibilities described above, select the user’s group or role in ARIES:

**>>>Send to LRP for approval & Signature before completing Part 2<<<**

**DATA MANAGER – Part 2** (Complete once LRP approval received and account is created)

Once the user’s ARIES profile has been created, take a screenshot of the user permissions for the account and save in the user’s file.

Screenshot of user’s ARIES permissions saved in file

◇ARIES Username *(Must be at least 8 characters and cannot include spaces or special characters)*

◇ARIES Request ID/Certificate Number:

◇ARIES Environment:    Production            Demo

◇ARIES Certificate Type:    ARIESClient            ARIESReportExport            ARIESImport

Date ARIES Certificate sent to DSHS for Approval:

◇For ARIES users requesting new access for *more than one ARIES certificate*, complete the section below for all remaining certificates being requested:

ARIES Certificate Request ID #	Certificate Type			Environment	
	<input type="checkbox"/> ARIESClient	<input type="checkbox"/> ARIESReportExport	<input type="checkbox"/> ARIESImport	<input type="checkbox"/> Production	<input type="checkbox"/> Demo
	<input type="checkbox"/> ARIESClient	<input type="checkbox"/> ARIESReportExport	<input type="checkbox"/> ARIESImport	<input type="checkbox"/> Production	<input type="checkbox"/> Demo
	<input type="checkbox"/> ARIESClient	<input type="checkbox"/> ARIESReportExport	<input type="checkbox"/> ARIESImport	<input type="checkbox"/> Production	<input type="checkbox"/> Demo
	<input type="checkbox"/> ARIESClient	<input type="checkbox"/> ARIESReportExport	<input type="checkbox"/> ARIESImport	<input type="checkbox"/> Production	<input type="checkbox"/> Demo
	<input type="checkbox"/> ARIESClient	<input type="checkbox"/> ARIESReportExport	<input type="checkbox"/> ARIESImport	<input type="checkbox"/> Production	<input type="checkbox"/> Demo
	<input type="checkbox"/> ARIESClient	<input type="checkbox"/> ARIESReportExport	<input type="checkbox"/> ARIESImport	<input type="checkbox"/> Production	<input type="checkbox"/> Demo

**DM Signature:**

**Electronic signature required**  
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**See the [ARIES access page](#) for detailed instructions on submitting request for ARIES Certificate Renewal and/or account changes.**

**Once approved, complete field below and update ARIES User Account Log.**

Date ARIES Certificate installed for user:

## LOCAL RESPONSIBLE PARTY (LRP)

*LRPs serve as the responsible party for authorized users within their agency and contracted agencies. By signing this form, I \_\_\_\_\_, the LRP for \_\_\_\_\_ HIV Administrative Agency, certify that the certificate and account being requested is for a valid ARIES user and that the location of the certificate(s) is in a secure environment. I have confirmed his/her HIPAA/security training and confidentiality agreement are current and will ensure required HIPAA/security and confidentiality renewals are submitted annually.*

First and Last Name:

Phone:

Email:

◇Signature:

**Electronic signature required**

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