



# APPLICATION FOR SYNTHESIS LOGIN I.D.

## Network Vendor Access

To request a Login in I.D. for Synthesis, please complete the following application.

Agency Name: \_\_\_\_\_ Staff Name (print) \_\_\_\_\_

Phone No \_\_\_\_\_ Ext. \_\_\_\_\_ FAX: \_\_\_\_\_

\*\*Email address \_\_\_\_\_

Agency Staff Authorizing I.D. Request \_\_\_\_\_  
(Signature of agency supervisor)

Access Level Being Requested: (Check One or More that Apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Crisis Worker  | <input type="checkbox"/> Crisis Supervisor                           |
| <input type="checkbox"/> Billing Staff (view/invoice for services)  | <input type="checkbox"/> Posting Bed Availability (group homes only) |
| <input type="checkbox"/> Progress Report Entry  | <input type="checkbox"/> Progress Report Approval (includes entry)   |
| <i>Types of Progress Reports:</i> <input type="checkbox"/> Day Treatment <input type="checkbox"/> Residential <input type="checkbox"/> Group Home |  |
| <input type="checkbox"/> Other (describe) _____   |  |

The above named agency requests that a Synthesis Login I.D. be issued to the above named staff at their agency. The staff receiving the Synthesis Login I.D. agrees to the following terms regarding maintenance of the I.D. and access to confidential information in Synthesis.

The agency requesting a Synthesis Login I.D. for the above named individual agrees to notify the Synthesis Help Desk when this individual's I.D. is to be inactivated because:

- the individual's job responsibilities no longer require access to Synthesis
- the individual is no longer employed by the agency.



# SYNTHESIS USER I.D. AGREEMENT

I agree to keep my Synthesis Login I.D. and password confidential and not to share it with any other individuals within or outside my agency.

I understand that information provided through Synthesis is confidential and agree to protect this information, using it only as needed to perform my job duties.

I agree to report to Synthesis Help Desk staff (414-257-7547) any unusual activity or inappropriate access to information that occurs while using Synthesis.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Fax this completed Form to Synthesis Help Desk Staff at: (414) 257-7575.  
Your Login ID and instructions will be emailed to you shortly.***

**SYNTHESIS - OFFICE USE ONLY**

Reviewed/Created by: \_\_\_\_\_ Date: \_\_\_\_\_