

PURPOSE: This form is used to notify the City of Lethbridge HIFIS Team that staff at your agency requires a new HIFIS user account, changes to their existing user account, or a user account needs to be deprovisioned.

Users must provide an email address to be used for their HIFIS login, and a mobile phone number to be used for secure system authentication.

New users are required to complete the following before they are granted access to the HIFIS system:

1. **HIFIS System Training:** New programs joining HIFIS will be provided training by the City of Lethbridge. Once a program has been onboarded, new staff will be trained by their Agency's Site Administrator.
2. **Privacy Education & Training:** New programs joining HIFIS will be provided training by the City of Lethbridge. Once a program has been onboarded, new staff will be required to take the Government of Alberta's FOIP: Access and Privacy – Fundamentals course and provide a copy of their certificate of completion: [Access and Privacy Fundamentals for Alberta Public Bodies](#)
3. **HIFIS User Confidentiality Agreement:** Staff must review and sign the agreement to confirm their understanding of HIFIS system usage policies and acknowledge their commitment to comply with information and security protocols.

INSTRUCTIONS: The Service Provider's assigned Site Administrator must sign and submit the completed form to hifis@lethbridge.ca.

TIMELINES FOR NEW ACCOUNTS: User accounts will be created and/or changed within five [5] business days of receiving the completed form, pending the requirements listed above have also been completed.

TYPE OF REQUEST

Request Type: ☐ New User ☐ Change to Existing User ☐ Terminate User Account

USER INFORMATION

Name of User:

FIRST NAME

LAST NAME

User Job Title:

User Email Address:

**User Mobile Phone
Number:**

**Confirmed date for
User Training:**

HIFIS Service Provider:

**HIFIS User Rights
Template Required:**
(Choose ONE)

- | | | |
|--|---|--|
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Shelter Supervisor | <input type="checkbox"/> CommunityLinks |
| <input type="checkbox"/> Case Manager Supervisor | <input type="checkbox"/> Shelter Case Manager | <input type="checkbox"/> Diversion Outreach Team |
| <input type="checkbox"/> River House Case Manager | <input type="checkbox"/> Shelter Intake Worker | <input type="checkbox"/> Outreach Worker |
| <input type="checkbox"/> River House Case Manager Supervisor | <input type="checkbox"/> System Navigator | <input type="checkbox"/> Outreach Supervisor |
| <input type="checkbox"/> Hope Case Manager | <input type="checkbox"/> Hope Case Manager Supervisor | <input type="checkbox"/> Support Worker |

**Service Provider
access in HIFIS:**
(Choose which Service
Provider(s) this User
needs access to in
HIFIS)

- | | | |
|--|---|---|
| <input type="checkbox"/> Canadian Mental Health Association (CMHA) ACM | <input type="checkbox"/> City of Lethbridge – HIFIS Support | <input type="checkbox"/> City of Lethbridge – Outreach Team |
| <input type="checkbox"/> Family Ties | <input type="checkbox"/> L&RCHC | <input type="checkbox"/> Lethbridge Shelter (BTDH) |
| <input type="checkbox"/> Lethbridge Housing Authority (LHA) | <input type="checkbox"/> Peak Support Services | <input type="checkbox"/> Woods Case Management |
| <input type="checkbox"/> YWCA | <input type="checkbox"/> CMHA CommunityLinks | <input type="checkbox"/> Woods System Navigation |
| | <input type="checkbox"/> CMHA DOT | |

Report Categories:

- | | | |
|----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> General | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------------|--------------------------|--------------------------|

SERVICE PROVIDER AUTHORIZATION

I affirm that the above-named employee requires access to HIFIS for a reasonable and valid purpose as part of the Integrated Coordinated Access System.

☐ YES

☐ NO

Authorizing individual name:

FIRST

LAST

Authorizing individual job title:
Submitted on behalf of:

SERVICE PROVIDER OR AGENCY NAME

Authorizing individual signature
Date

For questions or support regarding user requests please contact the City of Lethbridge HIFIS Support Team.

Hours

Mon to Fri, 8:00am-4:30pm

Email

hifis@lethbridge.ca

Online

<https://www.lethbridge.ca/hifis>