How to Gain Access to NYPORTS

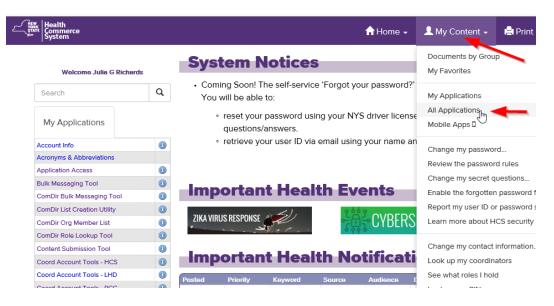
New York Patient Occurrence Reporting & Tracking System

1. Log into Health Commerce System (HCS)

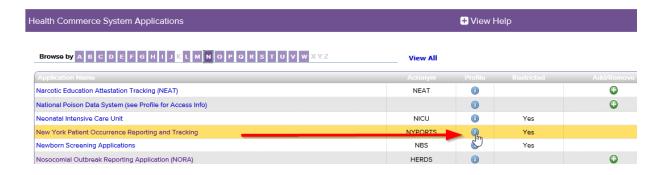
https://commerce.health.state.ny.us/public/hcs_login.html



2. On main page of HCS, click on "My Content, then scroll down and click on "All Applications"



3. Brows to "N" and to 4th line down to NYPORTS and click



4. Click on "Request for Access" as shown w/ red arrow in screen shot below



5. Fill in the Request for Access to the NYPORTS

Note: Your email address must be connected to your organization (facility). If it does not match, got to **Step 6 below** and update your email/facility by going into "My Content" and in the Business Contact tab update your contact information in the Person Update Tool.

B NEW YORK STATE DEPARTMENT OF HEALTH Health Commerce System Request for Access to the New York Patient Occurrence Reporting and Tra Click Here to go BACK to Previous Page Although you have a valid HCS user account, access to this area must be approved by the New York State Departm SEND button below. Note: All fields are required. If requesting access for another person or group, please e-mail or call: Debra Valenti 518-402-1004 Colleen Kewley 518-402-1004 Name: E-mail Address: Add/Correct My E-Mail/Phone Organization: Phone Number: Supervisor/HPN Coordinator: Supervisor/HPN Coordinator's Phone: Additional Information: Operating Certificate number: Facility Id: Please enter the reason access is being requested: Press SEND to submit your request or RESET to clear form.

6. Change Business Contact Information by completing the Person Update Tool form below Submit Reset and click on Submit.

Person Update Tool for Julia Ric

The information in this section	comes fr
First Name : Julia	Middle Nam
Primary Organization : NYSDOH OHSI	М

Important instructions for filling out this form: (1) Be sure to enter all information for required fi (2) * Indicates required information.

Business Contact Information	Emerge
Viewable by all users	
Address 1 *	
City *	
Zip Code*	
Phone *	
Phone	
Fax *	
Email *	