

Commerce Account Management Unit

New York State Department of Health (DOH)

HEALTH COMMERCE SYSTEM (HCS) ACCOUNT ACCESS

The HCS is a secure means by which health organizations may communicate with the Department. To gain access to HCS, please complete this form and e-mail to: Madeline.donahue@health.ny.gov. The Department will use this information to add your organization to the system and begin the process of generating your accounts. An e-mail from the DOH will then be sent to your facility's HCS Director and Coordinator with additional documentation to complete.

- 1. Please provide following : **If changing employment to a different facility, you CANNOT obtain a new HCS account. To connect an existing account to a different facility, please provide your existing HCS account ID below*.**

Organization Information

(PLEASE TYPE OR PRINT CLEARLY)

Organization Type*: Hospital or Diagnostic & Treatment Center-Clinic

Organization Name:

Organization Operating Cert #:

Org. PFI#:

Organization Address line 1:

Organization Address Line 2:

Organization City:

State:

Zip:

County:

HCS Director Information (Person who can bind the organization with NYSDOH. The HCS Director is automatically assigned to the "Administrator" role. It is requested that the HCS Director be a CEO, CFO or COO or be in the position to vouch that the organization is legitimate, such as the Medical Director, Manager, VP, or Administrator. The HCS Director becomes an HCS Coordinator by default.

Full First Name (DO NOT use nicknames):

Full Middle Name (No initials):

Full Last Name:

Month/day of birth:

NYSDOH Health Commerce System (HCS) ID (If one exists*):

Exact job title:

Office phone #:

Fax #:

Facility email **ONLY**:

Are you replacing an existing Director? If so, who?

HCS Coordinator Information (Person who has responsibility and authority to request and manage HCS accounts and roles and should be different than the HCS Director.)

Full first name (No nicknames):

Full middle name (No initials):

Full last name:

Month/day of birth:

Health Commerce System (HCS) ID # (If one exists*):

Office phone #:

Fax #:

Facility Email **ONLY**:

Director's Name:

- 2. Once the above information is submitted, the Commerce Accounts Management Unit (CAMU) adds your organization and generates HCS Director and HCS Coordinator forms. An email is sent to the HCS Director and HCS Coordinator that was identified by your organization. The e-mail will include the Security and Use Policy (SAUP) forms as attached PDF documents. The SAUP forms must be read and retained for rules and responsibilities. The forms must be printed, signed and notarized. Keep a copy of the forms and mail the originals to the address below: (Mail both forms together as the HCS Director form binds the organization and must be processed first.)

NYS Department of Health
Commerce Accounts Management Unit (CAMU) Supervisors
800 North Pearl Street, Room 214
Albany, NY 12204-1899

- 3. Once the completed original is signed, and notarized forms are received, CAMU will mail the HCS Director and/or HCS Coordinator their personal HCS PIN & account activation instructions. For questions, contact CAMU at 1-866-529-1890.