

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: PAC-EPOC@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 the following information and return via e-mail to PAC-EPOC@health.ny.gov

Organization Information

(PLEASE PRINT CLEARLY)

Organization Type:			
Organization Name:			
Organization Operating Cert # (If known):		Org. PFI# (If known):	
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 also a 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 #:	E-mail address:
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 #:	E-mail:
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.)

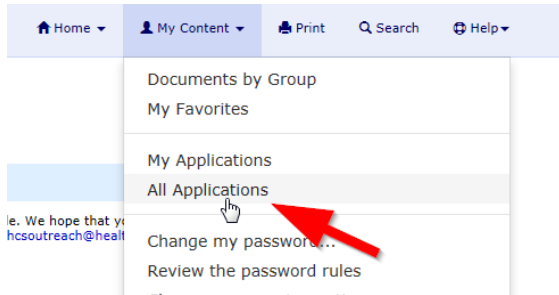
NYS Department of Health
Commerce Accounts Management Unit (CAMU) Supervisors
800 North Pearl Street, Room 214
Albany, NY 12204-1899

3. Once the completed original, signed and notarized forms are received, CAMU will mail the HCS Director and HCS Coordinator their own HCS PIN and account activation instructions.

4. NYPORTS ACCESS:

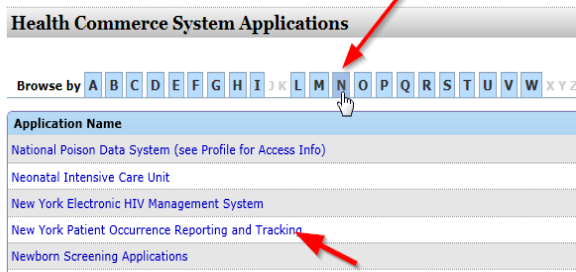
The New York Patient Occurrence Reporting and Tracking System or NYPORTS is an electronic form processing system that will fulfill the requirements for incident reporting as defined in Section 2805-l of the Public Health Law. The purpose of NYPORTS is to provide an easy, user friendly system to facilitate the reporting of the information to the Department of Health and, at the same time, build a database which can be used by a facility for quality improvement activities.

NYPORTS is only available to authorized users and can only be accessed via the Health Commerce System by adding NYPORTS application to “My Applications”.



STEP 1:

In the upper right corner of your HCS screen, go into “My Content” and click on the drop down menu to “All Applications” as shown.



STEP 2:

Click on “N” and select:

“New York Patient Occurrence Reporting and Tracking” as shown.



STEP 3:

Complete the electronic form as shown, press “Send” to submit your request.

Once you submit your request, you will receive an e-mail from Debra Valenti indicating you have NYPORTS access.

Deb Valenti : 518-402-1041

[Click Here to go BACK to Previous Page](#)

**Health Commerce System Call Center
1-866-529-1890**