



REGISTRATION FOR ACCESS TO "HealthX"

SISC Use Only
 ___ MAINT ___ DIST
 ___ HOTW ___ H-X
 ___ EMAIL ___ QC
 ___ TEAM ___ SCAN

Return via SISC Secure File Upload System: <https://secure.healthx.com/sisc.aspx>

Fax: (661) 636-4893

Registration Prepared by: _____ Date: _____

Phone: _____ Fax: _____ E-mail Address: _____

District Name: _____ District CDS Code: _____
(Do not abbreviate)

District Address: _____ www. _____
(Street) (City) (State) (Zip) (Web Address)

Accounts will be setup with the following temporary password: SISC2014. After logging in for the first time, users will be prompted to create a permanent password.

CHANGE OPTIONS

(Must check at least one Change box for each user)

SECURITY LEVEL OPTIONS

(Must check at least one Security Level box for each user)

<input type="checkbox"/> ADD USER <input type="checkbox"/> NEW NAME <input type="checkbox"/> SECURITY LEVEL <input type="checkbox"/> E-MAIL ADDRESS <input type="checkbox"/> REMOVE USER	Superintendent: <input type="checkbox"/> Correspondence <input type="checkbox"/> Rates-At-A-Glance <input type="checkbox"/> Billing Name: _____ E-mail Address: _____ This user is replacing (to be removed): _____
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<input type="checkbox"/> ADD USER <input type="checkbox"/> NEW NAME <input type="checkbox"/> SECURITY LEVEL <input type="checkbox"/> E-MAIL ADDRESS <input type="checkbox"/> REMOVE USER	Key Billing/Finance Contact: <input type="checkbox"/> Correspondence <input type="checkbox"/> Rates-At-A-Glance <input type="checkbox"/> Billing Name: _____ E-mail Address: _____ This user is replacing (to be removed): _____
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<input type="checkbox"/> ADD USER <input type="checkbox"/> NEW NAME <input type="checkbox"/> SECURITY LEVEL <input type="checkbox"/> E-MAIL ADDRESS <input type="checkbox"/> REMOVE USER	Billing/Finance Contact: <input type="checkbox"/> Correspondence <input type="checkbox"/> Rates-At-A-Glance <input type="checkbox"/> Billing Name: _____ E-mail Address: _____ This user is replacing (to be removed): _____
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<input type="checkbox"/> ADD USER <input type="checkbox"/> NEW NAME <input type="checkbox"/> SECURITY LEVEL <input type="checkbox"/> E-MAIL ADDRESS <input type="checkbox"/> REMOVE USER	Human Resources Contact: <input type="checkbox"/> Correspondence <input type="checkbox"/> Rates-At-A-Glance <input type="checkbox"/> Billing Name: _____ E-mail Address: _____ This user is replacing (to be removed): _____
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<input type="checkbox"/> ADD USER <input type="checkbox"/> NEW NAME <input type="checkbox"/> SECURITY LEVEL <input type="checkbox"/> E-MAIL ADDRESS <input type="checkbox"/> REMOVE USER	Broker/Consultant Contact: <input type="checkbox"/> Correspondence <input type="checkbox"/> Rates-At-A-Glance <input type="checkbox"/> Billing Name: _____ E-mail Address: _____ This user is replacing (to be removed): _____
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Authorized Signature (District Administrator; Superintendent, HR Director, CBO):

Signature:
Name and Title:
Date:

PLEASE MAKE COPIES OF THIS FORM AS NEEDED.