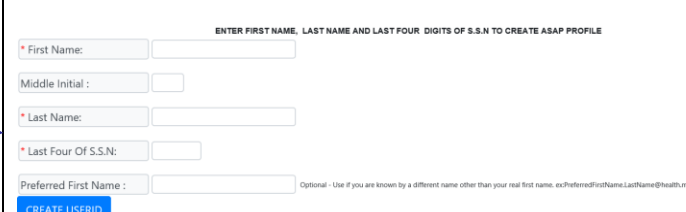
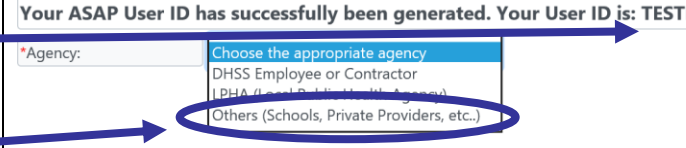
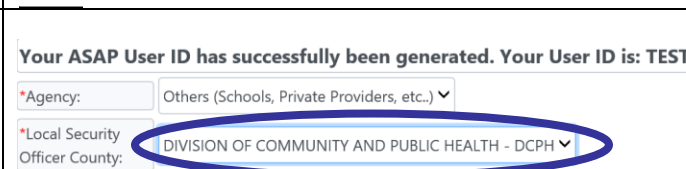
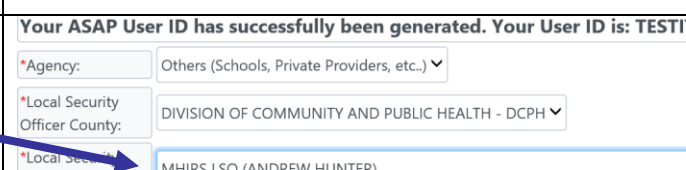

AUTOMATED SECURITY ACCESS PROCESSING (A.S.A.P)

Ambulatory Surgical Centers (ASCs)
REQUESTING ACCESS TO
MISSOURI HEALTHCARE ASSOCIATED
INFECTION REPORTING SYSTEM (MHIRS)

STEP A. Creating A.S.A.P User profile

- Open Internet Browser and enter address
https://healthapps.dhss.mo.gov/asap_web/asaplogin.aspx
- Click the link in the middle of the page that says "To access ASAP"
Click Yes to any security messages
- If this is your first time with A.S.A.P, Choose the **NEW USER** option

Steps	Screen Print
1. Click the NEW USER option	
2. Enter your first name, last name and last four digits of your SSN . Enter a Preferred First Name , if desired. Click the CREATE USERID button.	
3. Make note of your UserID. Choose ' Others (Schools, Private Providers, etc.) ' for the Agency .	
4. Choose ' DIVISION OF COMMUNITY AND PUBLIC HEALTH - DCPH ' for Local Security Officer County.	
5. Choose ' MHIRS LSO (ANDREW HUNTER) ' for Local Security Officer.	

6. Type your street number. It will show a drop down list; choose the appropriate location from the list.	ADDRESS INFORMATION *Address Search (Type in your address starting with Street Number)
7. Enter your email address	*Email1
8. Enter your phone number	* Phone1 Ext
9. Enter your fax number. 10. Enter a password. 11. Retype your password. 12. Enter a challenge question. (Choose a question for which only you know the answer.) 13. Type the response to the challenge question. 14. Retype the challenge response. 15. Click CREATE PROFILE. 16. You will get a message stating your profile was created successfully. 17. Close out of your Internet browser.	Fax Number Password Retype Password Challenge Question Challenge Response Retype Response CREATE PROFILE Passwords should be 6-8 characters in length and should include a number ex:What is your favorite color? ex:Blue

STEP B. Request MHIRS access

- Open Internet Browser and enter address
https://healthapps.dhss.mo.gov/asap_web/ASAPLogin.aspx
- Click the link in the middle of the page that says "To access ASAP"
Click Yes to any security messages

1. Type the User ID and Password you created in Step A. 2. Click the SIGN IN button.	
3. Choose the 'Completing for Self' option. 4. Click the NEXT button.	
5. Choose 'HEALTH APPLICATIONS' for Area Type. 6. Choose 'MHIRS' for Health Area Type. 7. Choose 'ADD ACCESS' for Request Type. 8. Choose 'MHIRS ASC DATA ENTRY' for Role. 9. Choose 'NONE' for Report type. 10. Enter reason for requesting access. 11. Enter the effective date in the specified format.	

12. Optional: If you enter data for more than one facility, click 'YES' as the response to the question: "Do you enter data for Additional Agencies?" 11. Choose a county. 12. Choose the ASC for which you will enter data. 13. Check the 'ADD' box. 14. Repeat steps 11 through 13 for additional or ASCs.	*Role: MHIRS DATA ENTRY *Report Type: NONE Do you enter Data for Additional Agencies? ☐ YES ☒ NO Do you enter Data for Additional Agencies? ☒ YES ☐ NO To pick additional Agencies ,Choose the respective County *County: JACKSON - 095 *Agency: CREEKWOOD SURGERY CENTER LP <table border="1"> <thead> <tr> <th>ADD</th> <th>ADDRESS</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>☐</td> <td>211 NE 54TH STREET SUITE 100</td> <td>KANSAS CITY</td> <td>MO</td> <td>641180000</td> </tr> </tbody> </table>	ADD	ADDRESS	City	State	Zip	☐	211 NE 54TH STREET SUITE 100	KANSAS CITY	MO	641180000
ADD	ADDRESS	City	State	Zip							
☐	211 NE 54TH STREET SUITE 100	KANSAS CITY	MO	641180000							
15. Click the 'I Agree' button. 16. Click the 'Submit Form' button.	*Area Type: HEALTH APPLICATIONS *Health Area Type: MHIRS. *Request Type: ADD ACCESS Use Ctrl+click to choose more than or -- Choose Role Type-- MHIRS ADMINISTRATOR() MHIRS ASC DATA ENTRY() MHIRS DATA ENTRY() *Role: Other Role/Report Type: NONE * Comments and/or reason for requesting access: SURGICAL SITE INFECTION REPORTING * Effective Date [MM/DD/YYYY]: Do you enter Data for Additional Agencies? ☐ YES ☒ NO I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED L AND ASSIGNMENT OF THE REQUESTED ID OR APPROVAL OF THE REQUESTED CHANG LAW, MUST BE UTILIZED ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEI WHICH ARE NOT REQUIRED IN THE PERFORMANCE OF MY OFFICIAL DUTIES. I UNDER: CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED A: VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY ACTION TH SUSPENSION, (2) CIVIL COURT AND (3) DISMISSAL. I AGREE TO KEEP CONFIDENTIAL , PERFORMANCE OF MY OFFICIAL DUTIES. IN ADDITION, I AGREE NOT TO DIVULGE OR : I Agree Submit Form										
A message should appear stating the request was successfully completed. Print a copy of the form for your records.	State of Missouri DEPARTMENT OF HEALTH AND SENIOR SERVICES a.s.a.p. automated security access processing Request Forms Submit Request/Create Profile for Employee Update Profile Approve Request On Vacation DHSS Home >> asap_web >> reportView You have successfully completed your request form.Press the button below to view a printer friendly copy of your request for your records. Please do not send the print copy for Request process. Printer Friendly Copy FILL OUT ANOTHER ACCESS FORM										

If you experience any problems or have questions while using the ASAP system, please notify the DHSS ITSD Help Desk using one of the following methods:

Phone: 573/751-6388 or 1-800-347-0887

E-mail: Support@health.mo.gov