

# West Virginia WIC – Health Information Network Authorized User Form

## Section I.

Please complete this section and return to the Local Agency Director:

WIC Employee Name (Print): \_\_\_\_\_

Title/Position: \_\_\_\_\_ Agency: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Section II.

To be completed by the Local Agency Director:

a.

\_\_\_\_\_ I am requesting **ACTIVATION** of the WVHIN for the above West Virginia WIC employee:

b.

\_\_\_\_\_ I am requesting **REMOVAL** for the above employee.

\_\_\_\_\_  
Local Agency Director Signature Date

**Please submit the completed form and completed Orientation Checklist (Attachment #2) to the West Virginia WIC State Agency Security Coordinator.**

## Section III.

State Agency Use: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

\_\_\_\_\_  
State Agency Security Coordinator \_\_\_\_\_ Date