



New Jersey Department of Human Services
Division of Aging Services

INFORMATION SECURITY REPRESENTATIVE (ISR) REQUEST FORM

Acute Care Provider EARC Users

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BRANCH/LOCATION:

INFORMATION SECURITY REPRESENTATIVE (ISR) PROFILE

PRIMARY ISR

ISR NAME:

WORK E-MAIL:

WORK ADDRESS:

WORK PHONE:

SIGNATURE:

By signing, you agree to follow the ISR Responsibilities outlined on pg. 2 of this form.

SECONDARY ISR

ISR NAME:

WORK E-MAIL:

WORK ADDRESS:

WORK PHONE:

SIGNATURE:

By signing, you agree to follow the ISR Responsibilities outlined on pg. 2 of this form.

As the Director/Manager of the organization and employee above, I appoint the aforementioned staff as ISR.

PRINT NAME:

TITLE:

SIGNATURE:

DATE:

Return to: EARCRegistration@dhs.state.nj.us

Or

Division of Aging Services
Office of Community Choice Options
PO Bo x 807
Trenton, NJ 08625-0807
Phone: 609-588-6675

Information Security Representative (ISR) Responsibilities

Each provider must have an ISR on file with the Division of Aging Services (DoAS). The provider must submit the ISR Request Form and list the individual(s) who will fulfill the duties of an ISR.

The ISR must be a third person, different from the EARC User and EARC Supervisor.

The ISR is a designated individual within the provider's organization who shall verify (1) the User works for the provider listed on this application, and (2) the User needs the access being requested.

The ISR shall notify DoAS when any of the following occurs:

- A User leaves the provider's organization.
- A User no longer needs access to the EARC Portal due to any change in the User's job duties.
- A User is assigned to a different supervisor. (Submit a new ISR Request Form.)
- An improper disclosure of consumer/applicant protected health information or other personal information. **In such case, notify DoAS immediately at 609-588-6675.**