

## STATEWIDE VITAL RECORDS INFORMATION SYSTEM (SVRIS) PHYSICIAN ACCESS REQUEST

If you need assistance, please contact the Wisconsin Help Desk at [helpdesk@wi.gov](mailto:helpdesk@wi.gov) or by phone at 866-335-2180.  
Email completed request to [DHSSVRISAdmin@dhs.wisconsin.gov](mailto:DHSSVRISAdmin@dhs.wisconsin.gov) or fax to 608-261-4972.

Note: SVRO will notify you that your request for access has been activated.

### SECTION I – REQUEST TYPE

Check appropriate box(es):

New Account – Standard

Location/Physician Group Change

New Account – Expedite (a record is waiting to be completed)

ID Change - Enter former logon ID: \_\_\_\_\_

Delete Account – Enter user’s name in Section II below

Reactivate Account

Name Change - Former name: \_\_\_\_\_  
(Enter new name in Section II below)

Enter DOA/Wisconsin Logon (user logon ID that was created at <https://register.wisconsin.gov>):

\_\_\_\_\_

### SECTION II – USER INFORMATION (Information below will appear in SVRIS. Items with an asterisk will appear on certified copies of Wisconsin death records.)

Last Name *	First Name *	M.I. *	Title *	License No.
Primary Location Mailing Address *(provide a business address, not a home address)		City *		Zip *
Phone	Fax	Email		

### SECTION III – PRIMARY FACILITY/LOCATION OR SVRIS PHYSICIAN USER GROUP – Provide your primary facility/location or SVRIS physician group name if known.

Primary Facility/Location or SVRIS Physician User Group Name (if known)

\_\_\_\_\_

### SECTION IV – CONFIDENTIALITY AGREEMENT

Access to SVRIS is governed by Wis. Stats.ch. 69 and DHS Administrative Code 142. This request shall be signed by each user within the above-named business entity as a condition for authorized use of SVRIS. Users are required to accept the terms and conditions set forth in this request. The employing agency agrees that, upon termination of an employee, the agency will immediately notify the State Vital Records Office by submitting the Access Request to deactivate the individual’s account.

1. Your account is to be used only by you for official purposes related to your statutory role in the Wisconsin Vital Records program.
2. You agree to abide by all applicable federal and state laws and policies regarding confidentiality of Wisconsin Vital Records data.
3. You agree to respect the confidentiality and privacy of individuals whose records or data you access and to protect confidential information displayed from your workstation monitor and/or printed from SVRIS.
4. You understand and acknowledge that SVRIS is only to be accessed by authorized users. You agree to protect the confidentiality of your password and username. As an authorized user, you will not cause or permit anyone, other than yourself, to access the SVRIS by use of your username and password. Sharing a user account exposes the logged-in user to liability for all activities done under that user’s account. **Any user found sharing his/her account with another individual may have his/her account deactivated immediately.**

I have read the above and agree to abide by its provisions. I understand that violation of the provisions stated in the Agreement may cause suspension or revocation of access to SVRIS and related privileges.

Print Name: \_\_\_\_\_

By the entry below of my typed name between two forward slashes “ / ”, I indicate that I am the person named and that I adopt this entry as my legal electronic signature on this document.

Signature (required): / \_\_\_\_\_ / Date: \_\_\_\_\_

(ENTER YOUR NAME ABOVE)