

Citrix: Request to Add/Remove User Access

The STD/HIV Program uses Citrix to securely exchange confidential information with contractors and service providers. Complete this form to request access to Citrix and submit it with the Citrix User Confidentiality Agreement to the SHP staff member you are working with. Keep a copy of this form on file at your agency.

New Account

Remove Account

Request Date: _____

Citrix access will not be granted without a completed request and a copy of the confidentiality policy signed by the user. Please allow 5 business days for the creation of new accounts.

Agency Name	
Agency Address	
User's Name	
User's Phone	
User's Email Address	
User's Job Title	
What project/program is Citrix access needed for?	
Supervisor's Name & Signature	
Training and Confidentiality Assurances	<input type="checkbox"/> User has signed the Citrix confidentiality agreement/policy <input type="checkbox"/> User has completed the only LaCAN Client Privacy Training

Computer Information

This section applies to the computer that you will be using to access Citrix. Contact SHP IT at help@la.gov with questions regarding antivirus software or SHP Citrix data security policies.

What antivirus software is installed on your computer?	
Antivirus software currently approved by SHP (may not be exhaustive list):	<ul style="list-style-type: none">• Bitdefender Antivirus Plus 2015• Norton Security• McAfee Antivirus Plus• Trend Micro Titanium Antivirus +• Avira Antivirus Pro• Sophos• BullGuard Antivirus• eScan Anti-Virus• Panda Antivirus Pro• Avast! Pro Antivirus

User Name (Print): _____ **Signature:** _____

Supervisor Name (Print): _____ **Signature:** _____

For SHP Use Only

Date Received by SHP _____

SHP Recipient Initials _____