How to Gain Access to NYPORTS
New York Patient Occurrence Reporting & Tracking System

1. Log into Health Commerce System (HCS)
   https://commerce.health.state.ny.us/public/hcs_login.html

2. On main page of HCS, click on “My Content, then scroll down and click on “All Applications”

3. Brows to “N” and to 4th line down to NYPORTS and click
4. Click on “Request for Access” as shown w/ red arrow in screen shot below

**New York Patient Tracking System**

**Description of App**

The New York Patient Occurrence Reporting (NYPORTS) is a reporting system defined in Section 2805 of the Department of Health’s regulations. The system is designed to collect information on patient occurrences, such as injuries or infections, in healthcare settings.

**Access Information**

Access is restricted to authorized users or organizations. If you do not have access to this application, access must be requested. You will hear from the Health Commerce System (HCS) on the status of your request.

- **Request for Access**

If you already have access for one organization, you may request access for another organization. If you have access for more than one organization, you must request access for each organization separately.

5. Fill in the Request for Access to the NYPORTS

Note: Your email address must be connected to your organization (facility). If it does not match, go to **Step 6** below and update your email/facility by going into “My Content” and in the Business Contact tab update your contact information in the Person Update Tool.

**NEW YORK STATE DEPARTMENT OF HEALTH**

**Health Commerce System**

Request for Access to the New York Patient Occurrence Reporting and Tracking System

Click Here to go BACK to Previous Page

Although you have a valid HCS user account, access to this area must be approved by the New York State Department of Health. Please send button below.

**Notes:** All fields are required.

If requesting access for another person or group, please e-mail or call:

<table>
<thead>
<tr>
<th>Name:</th>
<th>518-402-1004</th>
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<tbody>
<tr>
<td>Debra Valentl</td>
<td>Colleen Kowal</td>
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<table>
<thead>
<tr>
<th>E-mail Address:</th>
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<tr>
<th>Organization:</th>
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<tr>
<th>Phone Number:</th>
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<table>
<thead>
<tr>
<th>Supervisor/HPN Coordinator:</th>
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<table>
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<tr>
<th>Supervisor/HPN Coordinator’s Phone:</th>
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**Additional Information:**

- Operating Certificate number: 
- Facility Id: 
- Please enter the reason access is being requested: 

Press **Send** to submit your request or **Reset** to clear form.
6. Change Business Contact Information by completing the Person Update Tool form below and click on Submit.

**Person Update Tool for Julia Ric**

The information in this section comes from:

First Name: Julia  Middle Name
Primary Organization: NYSDOH OHSN

Important instructions for filling out this form:
(1) Be sure to enter all information for required fields
(2) * Indicates required information.

**Business Contact Information**

Viewable by all users

Address 1
City
Zip Code*
Phone *
Phone
Fax *
Email *

Submit  Reset