

The National Immunisation Register (NIR) is designed as a tool for health providers to keep an accurate record of an individual's immunisation history. The Immunise Now application is governed by the same terms and conditions as access to the NIR.

Individuals/parents/guardians must have full confidence that their information is secure and protected. The NIR has been designed to meet all Health Information Privacy Code 1994 requirements. To further protect and safeguard individuals, you are required to read, understand and agree to fully comply with this agreement and continue to meet your professional obligations before you will be granted access to the records held within the NIR.

NIR obligations and accountabilities for an organisation and those associated

As the person responsible for managing the organisation's security and privacy procedures, I agree to fulfil my NIR user obligations and accountabilities by ensuring that appropriate data quality, operational security and privacy conditions exist and, in particular, by focusing on the high-quality management of confidential data by:

- Checking the demographic and immunisation related data thoroughly and ensuring the data I provide, enter and use is accurate, valid and complete
- Using and disclosing NIR information and reports only for the purpose for which they were collected
- Keeping all identifiable information and reports containing identifiable information secure at all times
- Being the only person to use my authorised user access code and not releasing it to anyone else or allowing anyone to alter data using my identity
- Using my authorised user access code at all times and not obtaining or using anyone else's authorised user code
- Participating in any NIR data quality reviews
- Ensuring only named staff have approved access
- Ensuring user names and passwords are not shared and are secured
- Advising the onlinehelpdesk@health.govt.nz if a vaccinator is no longer practising from your pharmacy.

I understand and agree that if I, or any of the staff covered by this Agreement, breach this NIR Agreement, this organisation or the individuals may be subject to penalties and disciplinary action associated with my organisation or professional processes.

NIR Authorised User Agreement for Pharmacies compliance and accountability statement

I have read and fully understand the NIR Authorised User Agreement for Pharmacies obligations and accountabilities and certify that I take full responsibility and accountability for all the NIR users in this organisation and state that I will, in good faith, comply with all the 'said' requirements and meet the obligations under the Health Information Privacy Code 1994 in conjunction with the NIR Privacy Policy.

I understand that the purpose of the NIR Authorised User Agreement for Pharmacies is to protect the security of information and the privacy of the patients served by this organisation and understand that I, and all staff covered by this Agreement, have obligations under the law to protect such information and the privacy of individuals.

Name of Person Signing:

Position in Organisation:

Name of Organisation:

Signature: **Date:**

Once completed, please return **both pages** of this agreement to onlinehelpdesk@health.govt.nz.

Requests for Immunise Now access are subject to a **10 Working Day** processing window from the date received.

Please note the reference number received via automatic reply. Your reference number will be in the following format.

MOH-1234567

National Immunisation Register

Authorised User Agreement for Pharmacies

For organisations that nominate one person (the director, owner, office manager, etc) to be responsible for managing the organisation's security and privacy procedures and ensuring that all staff understand the security and privacy policies and comply with them. **Note: Organisations are responsible for ensuring vaccinators are current and have completed all requirements of the vaccinator training process.** Refer to the online version of the *Immunisation Handbook* Appendix 4 (navigate to health.govt.nz and search for 'Immunisation Handbook').

A - Organisation & Facility Details

Primary Contact Person's Name		Organisation/Company Name	
<input type="text"/>		<input type="text"/>	
Pharmacy Name (Facility Name)		Facility ID Number	
<input type="text"/>		<input type="text" value="F"/>	
Physical Address			
<input type="text"/>			
Town/City			Post Code
<input type="text"/>			<input type="text"/>
Phone Number	Fax Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

B - Access to the 'Immunise Now' Portal

Note: ImmuniseNow is only available through the Connected Health network at your pharmacy. If you already have generated a username for some other Ministry of Health web application (such as MCOLS), please use the same account that you created for the other application.

All individuals wanting to access the 'ImmuniseNow' application have to create a username for themselves prior to completing this form. Open the web browser and navigate to <https://immunisenow.moh.health.nz/nir/> then go to the 'Login' option and click 'Create an account'. Complete the details for each field and click 'Register'. You will receive a message that the submission has been successful. Close the message and exit the web browser.

C - Organisation/Head Pharmacist To Complete This Section

The following person(s) will be enrolled as vaccinators at the above organisation in order to access the 'Immunise Now' web application.

Surname	First Name	Registration Type (MCNZ, NZNC, PCNZ)	Registration Number	Your Username (See Step B Above)	Signature of Person Named

D - NIR Administrator Use Only

Entered By:	<input type="text"/>	Signature:	<input type="text"/>
On Date:	<input type="text"/>	Form Version: 12/05/2021	