

National Immunisation Register

Authorised User Agreement for a DHB Administrator

The NIR is designed as a tool for health providers to keep an accurate record of an individual's immunisation history.

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 individual provider or user

As an individual provider or user of the NIR 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 it was 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.

I understand and agree, if I breach this NIR Agreement, I may be subject to penalties and disciplinary action, associated with my organisation or professional processes.

NIR user agreement compliance and accountability statement

I have read and fully understand the NIR Authorised User Agreement obligations and accountabilities and state that I will, in good faith, comply with all the NIR Agreement requirements and meet the obligations under the Health Information Privacy Code 1994 in conjunction with the NIR Privacy Framework.

I understand the NIR Agreement is to protect the security of information, and the privacy of patients, and understand I have obligations under law to protect such information and the privacy of patients.

Name	Name of DHB
Title	Role
Work postal address (including post code)	
Phone number	Fax number
Work email address	
Signature	Date (DD/MM/YYYY)

DHB NIR administrator to complete

Authorised by (Name)	Signature	Date (DD/MM/YYYY)
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NIR access

Do you require access to the following:

Quickr membership	Yes	No
NIR train	Yes	No
Quickr DHB group membership	Yes	No
System outage notifications	Yes	No
Invite to monthly teleconference	Yes	No
NIR administrator emails	Yes	No
DHB administrators' contact list	Yes	No

If you require access to the NIR Datamart, please complete the NIR Datamart New User Request Form <http://busobjxi.moh.health.nz/RequestNewAccess.html> and send to onlinehelpdesk@moh.govt.nz

Office use only

Entered by

Date entered (DD/MM/YYYY)

Production/training

User name

Password

Email groups

System outage notifications

NIR administrator emails

DHB administrators' contact list

Invite to monthly teleconference

Quickr

User name

Password

Quickr DHB group membership completed

Access notification email sent to user

i Please send completed Authorised user agreement for DHB Administrator form for processing to: onlinehelpdesk@health.govt.nz