

# National Immunisation Register (NIR) General\* Authorised User Agreement – Group

The NIR is designed as a tool for health providers to keep an accurate record of an individual's immunisation history and to help achieve 95 percent national immunisation coverage rates.

The NIR will succeed only if individuals, parents and guardians have full confidence that their information is secure and that there is no invasion of their privacy or infringement of their rights. The NIR system 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 comply fully with this agreement and continue to meet your professional obligations before you can be granted a user access code.

## NIR obligations and accountabilities

I will fulfil my NIR user obligations, and accountabilities by ensuring appropriate data quality and operational security and privacy conditions exist as per the procedures in the NIR Operations Manual 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 or the staff covered by this agreement, provide, enter and use is accurate, valid and complete
- using and disclosing NIR information only for the purpose for which it was collected
- keeping all identifiable information and reports containing identifiable information secure at all times
- ensuring only staff of this organisation or practice, including myself, use the authorised user access code and do not release it to anyone else or allow anyone to alter data under someone else's identity
- ensuring all staff, including myself, use the relevant authorised user access code at all times, and do not obtain or use anyone else's authorised user code
- participating in any NIR data quality reviews.

I understand and agree, if I, or any of the staff covered by this agreement, breach this NIR Authorised User Agreement, this organisation or the individuals may be subject to the usual 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 certify that I take full responsibility and accountability for all the NIR users in the organisation and state that I will, in good faith, comply with all these NIR Agreement requirements and meet the obligations under the Health Information Privacy Code 1994.

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

Name of person signing the Authorised User Agreement                      Position in organisation

Name of organisation

Signature

Date (DD/MM/YYYY)

**i** \* This Authorised User Agreement is suitable for Medical Officers of Health, Well Child nurses, and other non vaccinating providers

Organisation name DHB

Street number and name

Town, city or district Post code

Phone number (including area code if required) Fax number

Email address

Key contact person's name

## Access to NIR will be:

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PMS: Practice or clinic mail box ID

PMS type and version

**Browser:** The NIR Administrator will contact you to assign a User ID

**Manual:** The NIR Administrator will contact you to assign a User ID

## Authorised users of NIR

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The following people are authorised by this agreement to use, access and disclose NIR information according to their level of access

Surname	First name	Title	Reg type (NZMC/NCNZ/APC)	Reg No	Vaccinator	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

**i** Please send completed Authorised user agreement – Group form for processing to your local DHB NIR administrator

## Office use only

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Date staff registered Date security codes issued Date connection with NIR tested  
(Use DD/MM/YYYY)

NIR Administrator name

NIR Administrator signature