

National Cervical Screening Programme

Register Data User

Access Request Form

A signed User Access form is required from each individual before they gain access to Cervical Screening Register data.

Email completed form to: screening@health.govt.nz

User Details

Name	
Role	
Organisation name	
Workplace Email Address	<i>Cannot be a personal or gmail account</i>
Note: must only be accessed by one user	
Phone Number	
HPI Health Facility Code (where known)	
HPI CPN (Registered health professionals only)	
Access requested	<input type="checkbox"/> Register Central Team Lead <input type="checkbox"/> Regional Register Co-ordinator <input type="checkbox"/> Regional Co-ordinator

Reason for access**Access start date**

Access end date optional)

e.g. a fixed-term contractor

Training completed

(attach Certificates of Compliance or other evidence of completion)

- Health data privacy training*:
 - Health ABC:
<https://elearning.privacy.org.nz/course/search.php?q=health+abc>
 - Other (please specify)

- Module 3 of the Cervical Screening Using Human Papillomavirus (HPV) Testing Learning Programme: “Cervical Screening in Aotearoa New Zealand – History and Context”
<https://learnonline.health.nz/course/view.php?id=587>

- Register User Training

*Health privacy training must be completed every two years. If you have undertaken privacy training in the previous two years, please specify in the box above.

Terms of Use

Each System user is a trusted part of the relevant national screening services programme (the Programme), and we must all take privacy matters, and the protection of personal and health information, seriously. These Terms of Use apply to all personnel who have access to the System, including testing, training and live production environments.

As a System User, you must confirm you accept the following Terms of Use:

- I understand and will comply with the requirements of the Health Act 1956, Privacy Act 2020 and the Health Information Privacy Code 2020 when using the Register or Data Warehouse or working with any Information within them.
- I will operate in a manner consistent with the requirements of the code of conduct for Te Kawa Mataaho-Public Service Commission — Standards of Integrity and Conduct.

Access

- I understand that the NCSP Register must only be accessed by those authorised to access, use and/or disclose information about cervical screening.
- If I am authorised to access information cervical screening:
 - I understand that this access, use and disclosure is strictly controlled by law under Part 4A of the Health Act 1956 and I must comply with those legal requirements.
 - I will satisfactorily complete any training offered to me in relation to the Register or programmes of work by the National Cervical Screening Programme.
 - I will comply with any standard operating procedures or national policy, operations, and quality standards applicable to my role as part of the National Cervical Screening Programme.

Handling Information

- I understand that, while I am providing services on behalf of Te Whatu Ora in relation to the National Cervical Screening Programme, I may have access to personal and health information. Such information may include the identity of, and sensitive health information about individual persons.
- I undertake not to knowingly search, access, use or disclose any personal or health information about participants unless such access, use, or disclosure of the information is for the purpose for which I am authorised, and which is essential for me to perform my duties/obligations properly and efficiently.
- I **will** only download Information from the Register where this is necessary for me to perform the duties and functions of my role. I am responsible for ensuring the safety and security of all downloaded Information. For roles with redaction or amendment access level the set disposal process will be followed when information is no longer needed for the intended purposes.
- I will ensure that, so far as it is within my control, such information, whether in the form of paper documents, computerised data or any other form, cannot be viewed by any unauthorised persons.

- I will not leave health or personal information visible on an unattended computer screen, or in an unattended area which may allow access to the information by unauthorized persons.
- I will take all reasonable steps to ensure the information I enter into the NCSP Register is accurate and up to date.
- I understand that when I am allocated a password to the NCSP Register it is for my own use, that I must not disclose it to any other person or use another person's passwords. When I am logged on, I will not allow access by any other person to the system.
- I further undertake to inform my supervisor/the relevant officer immediately if I become aware of any potential, threatened or actual, breach of privacy or security in the course of my duties/obligations.

Device and Security

- I will not use any unauthorised device to connect to NCSP Register. I will only access the NCSP Register by secure devices approved by my Organisation (they must be kept up to date with all security software releases and have strong password protection or encryption to prevent unauthorised access).
- I will not share my access credentials with anyone or let anyone else use mine. When I am logged on to NCSP Register I will not allow access by any other person, or to the Information on it.
- I understand that all access to the NCSP Register by me will be logged for auditing and reporting processes and may be monitored. This log and audit information may be used proactively, or reactively, in any investigation resulting from a privacy incident/breach.

Acknowledgement

- I acknowledge that continued access to the NCSP Register is contingent upon ongoing compliance with these Terms (as amended by Te Whatu Ora from time to time).
- I acknowledge if I do not comply with these Terms, my access to the NCSP Register may be removed, and the matter referred to my employer, or other legal action undertaken if appropriate.

Sign the section below

All users of the Cervical Screening Register are required to comply with the Health Act (1956), the Privacy Act 1993, and the Health Information Privacy Code 1994, as well as their organisations' policies and protocols on privacy/confidentiality and other codes of conduct or conditions of employment. Access to information in relation to individuals must be for screening purposes only.

By signing this document, you agree to abide by the above terms and conditions.

Name	
Signature	Date
Manager Name	
Manager Title	
Manager Email	
Signature	Date

For queries regarding the new user request process contact us at screening@health.govt.nz