

HEALTH IDENTITY

ADDRESS SERVICE ACCESS REQUEST FORM – Provider Organisation

Please complete this form to apply for Address Service access authorisation or amend details of existing access

Organisation Details	
Organisation Name:	
Legal Name (if different):	
Type of entity:	
<input type="checkbox"/> Limited Company	<input type="checkbox"/> Charitable Trust
<input type="checkbox"/> Incorporated Society	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Other (specify):
Companies Office Registration Number (if available):	
Physical Address (including postcode):	
Organisation HPI_ORG ID (if known):	
Software Application through which the Address Service will be used:	
Name of main contact (please print):	
Email Address (please print):	
Phone Number:	Fax Number:
Signature of main contact:	Date:
Address Service outage contact details (<i>preferably email address – we will contact this person for notification of outages to the Address Service</i>):	
IT contact details (<i>We will contact this person if we have any questions with regard to your connection</i>)	
Technical Liaison name:	
Phone Number:	Fax Number:
Email Address:	
Restrictions on usage of this Address Service	
I, _____, as the main contact for the above named organization, agree that the free access to the data contained in the Address Service provided by the Ministry of Health will be used within the Health and Disability Sector* only. Information obtained from the Address Service will not be disseminated outside the Health and Disability Sector for any reason without prior written approval from a Ministry of Health representative.	

Usage of your details

The information provided on this form will be used to a) establish and/or maintain an Organisation record in the HealthCare Provider Index and to b) manage the authorisation and access process for the requestor to the Address Validation Service provided by the Ministry of Health.

MOH use only

Connected Health authorised user confirmed: Yes No

Address Service access authorised: Yes No

Authorised by (name and designation):

Signature:

Organisation Type:

- | | |
|---|--|
| <input type="checkbox"/> Ministry of Health | <input type="checkbox"/> Pharmaceutical Management Agency of New Zealand |
| <input type="checkbox"/> District Health Boards | <input type="checkbox"/> Medic Alert Foundation |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Health Agencies |
| <input type="checkbox"/> Primary Health Organisations | <input type="checkbox"/> NZ Defence Force Health Services |
| <input type="checkbox"/> Independent Practitioners Associations | <input type="checkbox"/> Department of Corrections Health Services |
| <input type="checkbox"/> Health Practitioners | <input type="checkbox"/> Accident Compensation Corporation |
| <input type="checkbox"/> NZ Blood Service | <input type="checkbox"/> Other (specify) |

Identifiers

HPI-ORG ID

--	--	--	--	--	--	--	--

* **“Health and Disability Sector”** means:

- a. the Ministry of Health; and
- b. New Zealand practitioners and organisations whose principal purpose is to provide health and disability services through registered practitioners and government bodies whose principal purpose is supporting health and disability service delivery or public health,

but does not include the Accident Compensation Corporation, New Zealand Police, New Zealand Defence Force, the Ministry of Social Development, Inland Revenue or any other ministry, department or entity listed in Schedule 1 to the State Sector Act 1988.