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| **Health Identity User Interface – Individual User Request Form** | | | |
| Please complete this form to obtain access to the Health Identity User Interface | | | |
| **Section A: APPLICANT DETAILS** | | | |
| **Name:**  Position : Date required: | | | |
| **Organisation:**  **Department:**  **Physical address:** | | | |
| **Applicants Mobile Phone Number:  for password delivery by text**  **Applicants email:**  **For username delivery**  **Applicants Signature : Date:** | | | |
| **Please provide a brief summary on why you need this access:** | | | |
| **Section B: ACKNOWLEDGEMENT OF USER RESPONSIBILITIES**  **(Authorised user declaration)** | | | |
| By signing this form, you acknowledge that:   * You are duly authorised to make this declaration on behalf of the organisation named on Section A above, and * All access to Connected Health Information Services and use of any information obtained using the Services by all employees and agents of the organisation is subject to the provisions of the Privacy Act 2020 and the Health Information Privacy Code 2020 (*please refer to* [*www.privacy.org.nz*](http://www.privacy.org.nz) *for further information*). * The access is for the applicants use only. ie access will be revoked when the applicant leaves the organisation * The applicant will keep their password secure and will not share the password with anyone else. * The access will be revoked without notice if it is not used within the last 6 months | | | |
| …………………………………............. Authorised signature  Phone Number | | …………………………………………………………..  Name and designation  email | ………………………….  Date |
| **Section C: CONNECTED HEALTH INFORMATION SERVICES REQUESTED** | | | |
| **Note: Requested access will be reviewed accordingly.**   |  | | --- | | **NHI Read Only**– Tick to request access to NHI details | | **Add Patient** – Tick to request access to “Add Patient” function | | **Add/Update Name** – Tick to request access to “Add Name” function | | **Add/Update Address**– Tick to request access to “Add /Update Address” functions | | **Update Core Details** – Tick to request access to update NHI core details (restricted access) | |  | | **Enrolment Read Only –** Tick to request access to Enrolment details. Requires approval by the NES Governance group | | **Patient Preferences Read Only** – Tick to request access to Patient preferences (restricted access) | |  | | **Medical Warnings Read Only** – Tick to request access to Medical Warnings (restricted access) | | **Health Care Events Read Only** – Tick to request access to Health Care Events (restricted access) | |  | | | | |
| **Access required to**  **Production  Test/Compliance** | | | |
| **Section D: Access Method** | | | |
| **Over Connected Health** using Connected Health Network Provider and Product **………………………………………………………**  *(ie: Healthlink SecureIT, Spark SecureMe)*  **Over Public Internet** (for Covid related access only) – requires multi factor authentication app | | | |

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| **Section G: USAGE OF YOUR DETAILS** |
| The information provided above will be used by Health New Zealand and within the health and disability sector for the following purposes:   * manage your authorisation, access to, and use of, Health New Zealand Connected Health Information Services |