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| **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): |
| |  |  | | --- | --- | | * Limited Company | * Charitable Trust | | * Incorporated Society | * Partnership | | * Sole Trader | * Other (specify): |   Type of entity: |
| 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 (*preferably email address – we will contact this person for notification of outages to the Address Service*): |
| **IT contact details** (*We will contact this person if we have any questions with regard to your connection*) |
| 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. |

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| **MOH use only** |
| **Connected Health authorised user confirmed: Yes No** |
| **Address Service access authorised: Yes No** |
| **Authorised by (name and designation):** |
| **Signature:** |
| |  |  | | --- | --- | | * Ministry of Health | * Pharmaceutical Management Agency of New Zealand | | * District Health Boards | * Medic Alert Foundation | | * Hospitals | * Health Agencies | | * Primary Health Organisations | * NZ Defence Force Health Services | | * Independent Practitioners Associations | * Department of Corrections Health Services | | * Health Practitioners | * Accident Compensation Corporation | | * NZ Blood Service | * Other (specify) |   **Organisation Type:** |
| **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.