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 Phone Number:

Applicants email:

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 1993 and the Health Information Privacy Code 1994 (*please refer to 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   Name and designation   Date

Phone Number   email

Section C: CONNECTED HEALTH INFORMATION SERVICES REQUESTED

Note: Requested access will be reviewed accordingly.

☐ **NHI Read Only** – Read only access to NHI details	
☐ **NHI Read Write** – Read/write access to NHI details	
☐ **Enrolment Read Only –** Read access to Enrolment details. Requires approval by the NES Governance group	
☐ **Address Read Write** – Tick to have read/write access to Addresses	
☐ **Add Patient** – Tick to be able to access "Add Patient" function	
☐ **Add Name** – Tick to be able to access "Add Name" function	
☐ **Update Core Details** – Tick to be able to update NHI core details	
☐ **Medical Warnings Read Only** – Tick to have read access to Medical Warnings	
☐ **Health Care Events Read Only** – Tick to have read access to Health Care Events	
☐ **Patient Preferences Read Only** – Tick to have read access to Patient preferences	

Access required to	
☐ Production	☐ Test/Compliance

Section D: CONNECTED HEALTH NETWORK PROVIDER

Connected Health *Network Provider*   **or Certificate**
(ie: Healthlink SecureIT, Spark SecureMe)

Section E: Access Software

Access software name	☐ IDMUI (For Internal Users)	☐ HealthUI (For External Users)

Section G: USAGE OF YOUR DETAILS

The information provided above will be used by the Ministry of Health and within the health and disability sector for the following purposes:

- manage your authorisation, access to, and use of, Ministry of Health Connected Health Information Services

MOH USE ONLY

Service access authorised: **Yes**   **No**

Authorised by (name and designation):

Signature:

Organisation type:

❑ MOH	❑ Specialist practitioner
❑ Pharmacy	❑ Laboratory
❑ Breast screening unit	❑ Midwife
❑ Private hospital	❑ Community health service
❑ Primary health organisation	❑ Shared services agency
❑ Management support organisation	❑ Other (specify) _____

Identifiers

HPI-FAC ID	**F** [ ][ ][ ][ ][ ] **_** [ ]
HPI-ORG ID	**G** [ ][ ][ ][ ][ ] **_** [ ]
Application ID	**H** **S** **A** **P** **P** [ ][ ][ ]
CPN	[ ][ ][ ][ ][ ][ ][ ]
User Name	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]