Application to Connect to the Connected Health Network

This template was last updated on 12 December 2019

Please note that this application is to be signed by the organisation's authorised signatory and forwarded with the application to the address below. The Health Information Security Framework (HISF) and generic security policy templates are available for adoption by the organisation. For more information refer to HISO 10029:2015 Health Information Security Framework

Send completed forms to:
Health Network Registration, Ministry of Health, Private Bag 3015, Whanganui 4540

Organisation Details	
Organisation/ Practice Name:	
Physical Address:	
Postal Address *(if different from above)*:	
Phone Number:	Fax Number:
Organisation Contact *We will contact this person if we have any questions in regards to your application or connection.*	
Name:	
Job title:	
Business e-mail address:	
Security Officer *This is the person who is responsible for IT Security in your organisation*	
Name:	
Job title:	
Business phone number:	
Business e-mail address:	

Type of connection required (check all that apply)

New ☐ Change of Provider ☐ Off-shore connectivity ☐

Connected Health Service Provider and Product:

Product Name	Provider	Connected Health Connectivity	Check
SecurIT SSL VPN	HealthLink	UNI-0	☐
SecureIT	HealthLink	UNI-1	☐
CMN-Fortinet Health	Spark	UNI-1	☐
Spark iPaaS	Spark	via iPaaS	☐
HealthBridge	2degrees	UNI-4 and UNI-5	☐
Health Connect	ACS Data	UNI-4 and UNI-5	☐
CCL HealthNet	CCL	UNI-4 and UNI-5	☐
SecureWan	Kordia	UNI-4 and UNI-5	☐
HealthZone	Spark Digital	UNI-4 and UNI-5	☐
Vivid Health Direct	Vivid Networks	UNI-4 and UNI-5	☐
InterHealth	Vocus Communications	UNI-4 and UNI-5	☐

If you have any queries regarding this application
Email: healthnetwork@health.govt.nz

Connected Health Network
Security Agreement

To the Ministry of Health

Organisation Name:

In agreeing to use Connected Health for secure communication, I acknowledge that I have a copy of the "Health Information Security Framework" and have noted the matters contained therein. Having read the document, I undertake to ensure the following security measures are in place:

1. Both premises and computer equipment are kept physically secure at all times;
2. Passwords are selected to comply with security recommendations and are kept confidential at all times;
3. Anti-virus software is installed, updated and activated on each computer;
4. A firewall is installed, activated and maintained between the local network/computers, Connected Health and the Internet;
5. Users are made aware of their security-related responsibilities (security is as dependant on people as on technology);
6. A firewall and up-to-date anti-virus software protects any computer capable of remote access to the organisation's network;
7. An organisation Security Officer has been nominated;
8. Security related incidents are always reported to the organisation's nominated Security Officer;
9. A Security Policy consistent with the Health Information Security Framework is in place;
10. If applicable, utilise a Connected Health provider for extending Connected Health off-shore, who must complete the "Off-Shore Connectivity Agreement" below; and
11. If applicable, abide by applicable measures in the "Off-Shore Connectivity" page below.

As at _____ (*date*), the following items from the list above are not yet in place:

Number	Proposed Action	Planned Completion Date

Organisation Authorised Signatory

I declare that the information given in this application is true and correct. I have read, understood and accept the security agreement above.

If this application is approved, my organisation will abide by the security principles published by both the Connected Health Network and HISO 10029:2015 Health Information Security Framework**.** We also acknowledge that the Ministry of Health, or a Ministry-designated third party, may choose to audit the organisation's Connected Health connection for compliance with the applicable standards.

Name:	
Job title:	
Signature:	Date (DD/MM/YY):

Please send completed forms to
Health Network Registration, Ministry of Health, Private Bag 3015, Whanganui 4540

Connected Health Network
Off-Shore Connectivity Agreement

Provider Name:

In agreeing to extend the Connected Health network for this organisation to an off-shore environment, I acknowledge that I have a current copy of the "Health Information Security Framework" and have noted the matters contained therein. Having read the document, I undertake to ensure the following principles and security measures are in place:

1. Not fundamentally change the service (e.g. UNI specification supported, solution description, etc.) from an existing product;
2. Abide by current standards and principles, including:
    a. HISO standards, particularly HISO 10037 and 10029;
    b. GCDO's guidelines contained within its "Cloud Computing: Information Security and Privacy Considerations" publication;
    c. Connected Health Principles; and
    d. Connected Health Operational Policy.
3. Validate that the design will not breach the existing Connected Health standards and principles;
4. The connection must be secured from the organisation's off-shore servers to the termination point in New Zealand. The security controls from the off-shore servers to the New Zealand termination site must be under the control of the requesting organisation; and
5. As a reminder, per the Connected Health standards require that each organisation:
    a. maintain strong cryptography for the overseas connection according to HISO 10029 and the latest New Zealand Information Security Manual (NZISM) "Cryptography" controls and approved algorithms and protocols;
    b. maintain effective network segmentation between the local network/computers, Connected Health and the Internet.

As at _____ (*date*), the following items from the list above are not yet in place:

Number	Proposed Action	Planned Completion Date

Organisation Authorised Signatory

I declare that the information given in this application is true and correct. I have read, understood and accept the security agreement above.

If this application is approved, my organisation will abide by the security principles published by the Connected Health Network and HISO 10029:2015 Health Information Security Framework. We also acknowledge that the Ministry of Health, or a Ministry-designated third party, may choose to audit the organisation's Connected Health connection for compliance with the applicable standards.

Name:	
Job title:	
Signature:	Date (DD/MM/YY):