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| **Information Services – Provider Request Form** | |
| Please complete this form to obtain access to production Te Whatu Ora - Health New Zealand Identity and Enrolment Information Services | |
| **Section A: ORGANISATION DETAILS** | |
| **Application type: New  Change of ownership  Effective Date \_\_/\_\_/\_\_\_\_** | |
| **Organisation name:**  Legal Name (if different): Previous name (if ownership change) | |
| **Type of entity:**  Limited company  Charitable trust  Incorporated company  Partnership  Sole trader  Other (Specify) | |
| **NZBN :** | **HPI Organisation ID** *if known*: |
| **Physical address:** | |
| **Postal address:**(if different to physical) | |
| **Type of health services provided e.g. GP, Midwife, Pharmacy, other:**  *(to confirm entitlement to access under Health Information Privacy Code 2020 Schedule 2*) | |
| Enter name and reference number of any contract you have with Manatū Hauora - Ministry of Health or **TeWhatu Ora – Health New Zealand or Te Aka Whai Ora - Maori Health Authority or ACC for provision of health services :**  *(to confirm entitlement to access under Health Information Privacy code 2020 Schedule 2)* | |
| **Section B: KEY CONTACT DETAILS** | |
| *We will use this information for distribution of the credentials. If you want your IT support/vendor to receive the credentials on your behalf enter their details below:* | |
| **Organisation Name:** | |
| **Name and Role of key contact:** | |
| **Email address** (please print):  **May be used for username delivery** | |
| **Mobile Phone number**:  **May be used for password delivery by text** | |
| **Section C: CONTACT DETAILS for communications and outage notifications** | |
| **Name and Role:** | |
| **Email:** | |
| **Phone Number:** | |
| *Supply more as required:* | |
| **Section D: INTEGRATING SOFTWARE/PMS DETAILS** | |
| **Vendor/Application name and version:**  Recordbase | |
| **Section E: INFORMATION SERVICE FUNCTIONS REQUESTED** | |
| |  |  |  | | --- | --- | --- | | *Please indicate the functions**being requested* | | | | **Service** | **Level of access (read/update)** | **comments** | | **Patient (NHI)** | **READ** |  | |  |  |  | | **Enrolments** |  |  | |  |  |  | | **HPI Practitioner** |  |  | | **HPI Organisation (read only)** |  |  | | **HPI Location (read only)** |  |  | |  |  |  | | **eSAM address lookup** |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | *You will be assigned a* ***silver*** *usage plan. Please indicate if you require a gold plan.* | | | | | | **Plan** | **Rate** | **Burst** | **Quota** | | | silver | 5 requests per second | 25 | 250,000 requests per day |  | | gold | 10 requests per second | 50 | 500,000 requests per day |  | | |

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| **Section F : SECURITY OFFICER** | | |
| *This is the person who is responsible for IT Security in your organisation*  **Name:** | | |
| **Job Title:** | | |
| **Contact Phone number:** | | |
| **Contact Email:** | | |
| **Section G: SECURITY** | | |
| In agreeing to use Te Whatu Ora - Health New Zealand Information services, you acknowledge that you have a copy of the “Health Information Security Framework” and have noted the matters contained therein. Having read the document, you 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 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; | | |
| **Section H: USAGE OF YOUR DETAILS** | | |
| The information provided above will be used by Te Whatu Ora Health New Zealand and within the health and disability sector for the following purposes:   * establish and/or maintain a record of your organisation within the Healthcare Provider Index, and * manage your organisation’s authorisation, access to, and use of, Te Whatu Ora-Health New Zealand Information Services * contact you regarding your access, system outages and data quality queries * audit and logging of your access to the Te Whatu Ora Health New Zealand data | | |
| **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 Te Whatu Ora-Health New Zealand 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*). * If this application is approved, your organisation will abide by the security principles published by d [HISO 10029:2022 Health Information Security Framework](http://www.health.govt.nz/publication/hiso-100292015-health-information-security-framework). * The Te Whatu Ora Health New Zealand, or a designated third party, may choose to audit your organisation for compliance with the applicable standards. | | |
| …………………………………............. Authorised signature | …………………………………………………………..  Name and designation | ………………………….  Date |