

Connected Health Information Services – Provider Request Form

Please complete this form to obtain access to Connected Health Information Services

Section A: ORGANISATION DETAILS	
Application type:	New <input type="checkbox"/> Change of ownership <input type="checkbox"/> Effective Date __/__/__
Organisation name:	
Legal Name (if different):	Previous name (if ownership change)
Type of entity:	
<input type="checkbox"/> Limited company	<input type="checkbox"/> Charitable trust
<input type="checkbox"/> Incorporated company	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sole trader	<input type="checkbox"/> Other (Specify)
NZBN ::	
Physical address:	
Postal address: (if different to physical)	
Type of services provided e.g. GP, Midwife, Pharmacy, other: <i>(to confirm entitlement to access under Health Information Privacy Code 2020 Schedule 2)</i>	
Section B: KEY CONTACT DETAILS	
Name and position of key administration contact: <i>(We will contact this person regarding system outages, data quality queries etc)</i>	
Email address (please print):	
Phone number/s:	
Signature of main contact:	Date:
Technical liaison name: <i>(We will contact this person regarding technical issues)</i>	
Email address:	
Phone number/s:	
Section C: CONNECTED HEALTH INFORMATION SERVICES REQUESTED	
<i>Please use this form to indicate additional services being requested ie do not tick those you already have</i>	
<input checked="" type="checkbox"/> NHI Search/Get (via PMS integration)	<input type="checkbox"/> eSAM Address Lookup (via internet browser)
<input type="checkbox"/> NHI Add/Update (via PMS integration)	<input type="checkbox"/> eSAM Address Validation (via PMS integration)
<input type="checkbox"/> National Enrolment Service (via PMS integration)	
<input type="checkbox"/> Patient Preferences	<input type="checkbox"/> NZCR (NZ Cancer Registry)
<input type="checkbox"/> Online Special Authorities/PSC Lookup (via browser)	<input type="checkbox"/> PrimHD
<input type="checkbox"/> Special Authorities (via PMS integration)	<input type="checkbox"/> OPC (Online Pharmacy Claiming)

Section D: CONNECTED HEALTH NETWORK PROVIDER

Connected Health Network Provider

(ie: Healthlink SecureIT, Spark SecureMe)

Section E: INTEGRATING SOFTWARE/PMS DETAILS

PMS software name and version

(ie: MedTech 32, MyPractice, Toniq)

Section F: 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:

- 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, Health New Zealand Connected Health Information Services

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 for further information).*

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Authorised signature

.....
Name and designation

.....
Date