

NIR Authorised User Agreement for an Individual Provider or User

The National Immunisation Register (NIR) is designed as a tool for health providers to keep an accurate record of an individual's immunisation history and to help achieve 95 percent national immunisation coverage rates.

The NIR will succeed only if individuals, parents and guardians have full confidence that their information is secure and that there is no invasion of their privacy or infringement of their rights. The NIR system has been designed to meet all Health Information Privacy Code requirements. To further protect and safeguard individuals you are required to read, understand and agree to comply fully with this agreement and continue to meet your professional obligations before you can be granted a user access code.

NIR Obligations and accountabilities

I will fulfil my NIR user obligations and accountabilities by ensuring appropriate data quality and operational security and privacy conditions exist as per the procedures in the NIR Operations Manual and, in particular, by focusing on the high quality management of confidential data by:

- checking the demographic and immunisation related data thoroughly and ensuring the data I provide, enter and use is accurate, valid and complete
- using and disclosing NIR information only for the purpose for which it was collected
- keeping all identifiable information and reports containing identifiable information secure at all times
- being the only person to use my authorised user access code and not releasing it to anyone else or allowing anyone to alter data using my identity
- using my authorised user access code at all times and not obtaining or using anyone else's authorised user code
- participating in any NIR data quality reviews.

I understand and agree that, if I breach this NIR Agreement, I may be subject to the usual penalties and disciplinary action, associated with my organisation or professional processes.

NIR User Agreement Compliance and Accountability Statement

I have read and fully understand the NIR Authorised User Agreement obligations and accountabilities, and state that I will, in good faith, comply with all these NIR Agreement requirements and meet their obligations under the Health Information Privacy Code.

I understand that this NIR Agreement is to protect the security of information and the privacy of patients and understand that I have obligations under law to protect such information and the privacy of patients.

Name

Practice or clinic

Signature

Date

Your details

Surname or family name

First or given name(s)

Title

Role

Professional registration type NZMC NCNZ APC

Registration number

Practice or clinic name

PHO or IPA

DHB

Street number and name

Town, city or district

Postal address (if different to street address)

Town, city or district

Phone number

Fax number

Email address

NIR user:

Vaccinator Non-vaccinator

Access to NIR will be:

PMS
 Browser
 Manual

Practice or clinic Mail Box ID

PMS type and version

The NIR Administrator will contact you to assign a User ID.

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I want to receive immunisation task updates.

Yes No

I want to receive overdue task messages.

Yes No

Please fax back to: 07 834 3637

OFFICE USE ONLY

Date person or practice registered

Day	Month	Year			

Date security codes issued (manual and browser users)

Day	Month	Year			

Date practice connection with NIR tested

Day	Month	Year			

NIR Administrator's name

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Signature

/ / Date