

Electronic Patient Information

External User Access Agreement

Access to patient information is critical to quality patient care, and we will provide it by various options. You will require a unique user login.

Agreement

- Obligations of Southern Cross Healthcare Limited ('SCH', 'we' or 'us'):** SCH, including its jointly-owned subsidiaries, will give you access to information for the purpose of providing healthcare to your employer's patients ('Information').
- Obligations of the External User:** You agree to the following conditions:
 - Only access Information in order to care for your own employer's patients, or those whose care your employer is directly involved in.
 - Keep Information confidential, and only use it for the intended purpose.
Use is governed by the Health Information Privacy Code 2020, the Privacy Act 2020, and section 22F of the Health Act.
 - Don't copy, take a screen shot or photo, or permit your screen to be viewed by others.
Do not take the patient's health care Information away in any form.
 - Don't share your password, or let other people access Information with your login. If your password is compromised, let us know.
 - Let us know if you no longer need access, and we will stop it.
 - If you access the Information via your own device, take all reasonable steps to protect the Information.
- Access to the Information is audited:** Your access to the Information can be and is routinely audited. Inappropriate access will be investigated, and further action may be taken. If you access patient Information, and you are not directly involved in that patient's care, you may be asked to give reasons for your access.
- Indemnity:** You agree to indemnify SCH, including its jointly owned subsidiaries, for any breach of this agreement.
- Availability and accuracy of Information:** We try our best to make sure any Information is accurate, but can't guarantee this. Please notify us if you notice something is wrong.
- Liability:** You are liable for any claims if you breach of this agreement.

The External User understands and accepts and agrees to abide by all the terms and conditions of this agreement:

Acceptance

Name of External User:	Registration number: (if applicable)	
Signature of External User:		
Your Role: (tick one)	<input type="checkbox"/> Medical Practitioner (Credentialed) <input type="checkbox"/> Practice Administrator <input type="checkbox"/> Nurse Practitioner (External) <input type="checkbox"/> Pharmacist <input type="checkbox"/> Dietician	<input type="checkbox"/> Medical Practitioner (External) <input type="checkbox"/> Registered Nurse (External) <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Kitchen
Your Work email address:	Your Mobile phone number:	
Name of your Employer: (if applicable)		
Please indicate all hospitals you or your employer work at:		
<input type="checkbox"/> Auckland Surgical Centre <input type="checkbox"/> Brightside <input type="checkbox"/> Christchurch <input type="checkbox"/> Crest <input type="checkbox"/> Gillies <input type="checkbox"/> Grace <input type="checkbox"/> Hamilton <input type="checkbox"/> Invercargill <input type="checkbox"/> Manuka Street <input type="checkbox"/> New Plymouth <input type="checkbox"/> North Harbour <input type="checkbox"/> NSSC <input type="checkbox"/> Central Lakes <input type="checkbox"/> Ormiston <input type="checkbox"/> Rotorua <input type="checkbox"/> Wellington		