

## CareInsight Authorised “Lookup” User Agreement

An Authorised “Lookup” User Agreement must be completed for each health professional prior to gaining “Lookup” access to the CareInsight service and must be revoked when an employee leaves or no longer needs access.

### I AGREE TO USE THE CAREINSIGHT SERVICE IN AN APPROPRIATE MANNER AT ALL TIMES:

1. **Appropriate use of CareInsight:** A CareInsight search will only be used to “look up” the medical summary record of a patient for whom I am providing medical care in an “urgent care” situation.
2. **Patient consent:** I understand that each “look up” requires patient consent to “view” the medical record for the patient at each site where a medical record is found except in some exceptional circumstances. If these circumstances arise and it is not possible to obtain the patient’s informed consent, I will records the reason(s) why that consent has not been obtained.
3. **Patient privacy and confidentiality:** I will ensure that at all times patient privacy and confidentiality is maintained as defined in the Privacy Act 1993 and the Health Information Privacy Code 1994 and subsequent amendments and the Health Information Privacy Policy 2009.
4. **Notification of access to a patient record:** I am aware that each time a patient record is accessed, an automated message is sent to the ‘inbox’ of the provider who is the custodian of the source medical record I have accessed.
5. **Record of access to CareInsight:** I acknowledge that it is recommended that each time CareInsight is accessed; it should be noted in the electronic patient record at the time of the consultation.
6. **Password security:** I acknowledge that security of my user authority code and password is my responsibility and confirm that I will not share my password with any other person. I note the recommendation that I choose a password which is at least 8 characters long and uses letters of different cases, mixtures of digits and letters, and/or non-alphanumeric characters, not based upon personal data such as my name or username.
7. **Change of details:** I understand that it is my responsibility to keep my contact details up-to-date (email, phone and place of work) in the CareInsight system.
8. **Monitoring and Audit:** I understand that use of CareInsight is monitored and audited and that any inappropriate access to, or use of, information may be reported to my employer and/or my registration body and/or the Privacy Commissioner and/or other agencies.

## REQUEST TO CREATE AN AUTHORISED “LOOKUP” USER ACCOUNT

I am providing the following details in order for a CareInsight Authorised “Lookup” User Account to be created for me:

Name (please print)	
Position (e.g. General Practitioner)	
Name of organisation (e.g. Medical Centre)	
NZ medical registration number (e.g. NZMC)	
Contact email	
Contact phone	

### ACCEPTANCE

I have read, understood, and agree to the aforementioned terms and conditions of being an Authorised User to “lookup” patient records via the national CareInsight network.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please fax to HealthLink Deployment Team on 0800 288 885 or email to  
deployment@healthlink.net**

### REFERENCES

1. <http://privacy.org.nz/health-information-privacy-code>
2. <http://www.mcnz.org.nz/assets/News-and-Publications/Statements/Information-choice-of-treatment-and-informed-consent.pdf>
3. <http://www.hdc.org.nz/the-act--code/the-code-of-rights>
4. <http://gpnz.org.nz/wp-content/uploads/IPAC-Health-Information-Privacy-Policy-Final.pdf>