

Organisation “Lookup” Administrator Agreement

This Organisation “Lookup” Administrator Agreement must be signed by the person who is responsible for appointing Authorised “Lookup” Users of CareInsight on behalf of an organisation that has been approved to have “Lookup” Access to general practice and pharmacy records

TERMS:

1. I agree to ensure that all **Authorised “Lookup” Users** of the **Care Insight** at this organisation will sign an **Authorised “Lookup” User Agreement** and that copies of these agreements will be sent to HealthLink or Dr Info for setting up.
2. **Training:** I understand that I will receive a training session in how the **Authorised “Lookup” Users** can access and use Care Insight. In turn, I will show other Authorised Users at this organisation how to use the system.
3. **Password security:** I acknowledge that I may receive the Authorised “Lookup” User’s temporary passwords to pass on to them and that these will not be shared with any other person.
4. **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 (E.g. General Practice, Pharmacy)
5. **Patient privacy and confidentiality:** I understand that patient privacy and confidentiality should be maintained as defined in the Privacy Act 1993 and the Health Information Privacy Code 1994 and subsequent amendments. Reference: <http://privacy.org.nz/health-information-privacy-code>
6. **Notification of staff leaving this organisation:** I agree to notify HealthLink if an Authorised User ceases working at this organisation.
7. **Monitoring and audit:** I understand that the use of the CareInsight system is monitored and audited and that any inappropriate access to, or use of, information will be reported to my employer and/or my registration body and/or the Privacy Commissioner and/or other agencies.

Name (please print)	
Position (e.g. Medical Director/Manager)	
Name of organisation (e.g. Medical Centre)	
Registration No. (e.g. NZMC) if appropriate	
Contact email	
Contact phone	

ACCEPTANCE

I have read, understood, and agree to the aforementioned terms and conditions of being an Administrator for coordinating Authorised Users of the Care Insight network for this organisation.

Signature

Date

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