



B4 School Check Information System Authorised User Agreement for an Individual Provider or User

B4 School Check Information System

The B4 School Check Information System (B4SCIS) is designed as a tool for health providers to keep an accurate record of a child's B4 School Check results.

Parents/guardians must have full confidence that the information about them and their child that is stored in the System, is protected. Accordingly, the System has been designed to meet all Health Information Privacy Code 1994 requirements. To further protect and safeguard parents/guardians and their child you are required to read, understand, and agree to comply fully with this agreement before you will be granted access to a child's B4 School Check information.

B4 School Check Information System User Obligations and Accountabilities Requirements for an Individual Provider or User

I will fulfill my B4SCIS user obligations and accountabilities by ensuring that appropriate data quality operational security and privacy conditions exist and, in particular, by focusing on the high quality management of confidential data by:

- checking the demographic and B4 School Check related data thoroughly and ensuring the data I provide, enter, and use is accurate, valid and complete
- using and disclosing B4 School Check 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 B4 School Check data quality reviews.

I understand and agree that, if I breach this B4SCIS User Agreement, I may be subject to penalties and disciplinary action.

B4SCIS Authorised User Agreement Compliance and Accountability Statement

I have read and fully understand the B4SCIS Authorised User Agreement obligations and accountabilities requirements set out above. I will comply with all these requirements and will meet my obligations under the Health Information Privacy Code 1994.

I understand that the purpose of the B4SCIS User Agreement is to protect the security of information and the privacy of the child and their parent/guardian. I also understand that I have obligations under law to protect such information and the privacy of individuals.

Name

Practice or clinic

Signature

Date (dd/mm/yy)

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B4 School Check Information System Authorised User Agreement Individual Provider or User Form

Your details

Title Given or first names Surname or family name

Role Professional registration type (eg, NZMC, NZNC, APC) Registration No.

Organisation details (Please name all relevant organisations to which you belong)

Clinic or practice name
(as registered with HPI if known)

PHO

DHB

IPA

Other (Please specify)

Contact details (Please provide your contact details at your place of work)

Street address
Unit No. Building name Street number and name

Suburb City/Town Post code

Postal address (If different to street address)
PO Box Town/City Post code

Telephone number Fax number Mobile phone number

Email address

B4 School system user roles (Please select from the following role/s)

- Co-ordinator (Either DHB or PHO allocates children from DHB cohort)
- Lead Provider (Allocates children to providers within an organisation and provides checks)
- Provider (Provides all checks)
- Data entry (Supervised by lead provider or co-ordinator)
- Other (Please specify)

B4 School authorisation

Organisation authority
Print name Signature Date (dd/mm/yy)

The B4 School System Administrator will contact you to assign a User ID

Office use only

/ / Date person registered / / Date security codes issued

/ / Date practice connection with B4 School System tested New User B4 School ID

/ / Date person/practice access removed

B4 School Check System Administrator

Print name Signature Date (dd/mm/yy)