



## DEPARTMENT OF HEALTH

PLEASE PRINT DETAILS CLEARLY

Reference: [Electronic Health Record - User Access](#)

Full professional name **MUST** be provided exactly as per APHRA Registration for ALL registered clinicians

<b>APPLICANT</b>	<b>Last Name:</b>		<b>First Name:</b>		<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
	<b>Phone:</b>		<b>Phone: Mobile:</b>			
	<b>Email:</b>		<b>Email: Personal (optional):</b>			
	<b>Health Care Provider Identifier – Individual (HPI-I) Number:</b>					
	<b>Current Work Unit/Location:</b>					
	<b>Employment Details</b>	<input type="checkbox"/> DoH Remote	<input type="checkbox"/> DoH Other	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Research Agency	
		<input type="checkbox"/> Other (specify):				
	<b>What is your ePASS/LAN User ID:</b>					
	<i>Note: All NTG computer system Users require an ePASS/LAN* User ID * EACS Users require current LAN access</i>					
	<b>Staff automatically receive access to <a href="#">My eHealth Record (MeHR)</a>.</b> <i>A security question is required to verify identification when a MeHR password is reset is required.</i>					
<b>Security Question:</b> What year did you turn 10 years old? <i>Note: This security question assists the Helpdesk in confirming your identity.</i>						
<b>ACCESS TYPE</b>	<b>Select the title to be displayed in EACS against your name:</b>					
	<input type="checkbox"/> Aboriginal Community Worker	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Specialist (specify):			
	<input type="checkbox"/> Aboriginal and TSI Health Practitioner	<input type="checkbox"/> Nurse Manager	<input type="checkbox"/> Visiting Allied Health (specify)			
	<input type="checkbox"/> Receptionist	<input type="checkbox"/> General Medical Practitioner	<input type="checkbox"/> Other (specify, if not listed):			
	<input type="checkbox"/> System Administrator	<input type="checkbox"/> Research Worker				
	<input type="checkbox"/> Transport Driver	<input type="checkbox"/> Pharmacist				
<b>Level of Access</b>						
<input type="checkbox"/> ADMINISTRATION (Biographics Only)	<input type="checkbox"/> DATA ENTRY (Biographics & Data Entry Only)	<input type="checkbox"/> CLINICAL (Biographics & Clinical Record)				
<b>Anticipated dates of access:</b> <i>Must not exceed current contract dates</i>	From	/ /	To	/ /		
<b>Which Health Centre/s will you predominantly be working in?</b>						
<i>Tick individual Health Centre/s</i>	<input type="checkbox"/> Gapuwiyak Community Health Centre	<input type="checkbox"/> Ramingining Community Health Centre				
<b>Note: EACS is the Electronic Health Record System for the NT DoH managed health services of Gapuwiyak &amp; Ramingining ONLY.</b> <b>As of the 1 July 2016 Yirrkala and Milingimbi PHCC and their records (previously accessed via EACS) are now managed by Miwatj Health - Aboriginal Corporation Incorporated. To arrange access to Yirrkala and Milingimbi and other East Arnhem community records please contact: Miwatj Health - Aboriginal Corporation Incorporated PO Box 519, Nhulunbuy, NT 0881, Australia PH 08 8939 1900</b>						
<b>AUTHORISATION</b>	<b>APPLICANT DECLARATION</b>					
	I understand that: - when I access EACS I am required to comply with the provisions of the <a href="#">Information Act</a> and <a href="#">DoH Privacy Policy</a> when handling personal information - when I access the My eHealth Record, I am also required to comply with the <a href="#">Information Act</a> and <a href="#">DoH Privacy Policy</a> for staff handling consumer information in the My eHealth Record - my use of the Electronic Health Record Systems (EHRS) is only for direct service on behalf of the employing Health Service, or other specifically approved purposes - my access to any of the EHRS is logged and that activities using my User Id may be audited					
	<b>Signature</b>		<b>Date</b>	/ /		
	<b>AUTHORISATION BY SUPERVISOR (see Page 3 for appropriate authority of supervisor)</b> I authorise the applicant to access EACS as described on this form. Access is appropriate to the applicant's role.					
	<b>Signature</b>		<b>Date</b>	/ /		
	<b>Name</b>		<b>Work Unit</b>			
	<b>Designation</b>		<b>Phone</b>			
	<b>FINAL APPROVAL (e.g. Quality &amp; Safety Manager / NGO Director or Manager)</b>					
<b>Signature</b>		<b>Date</b>	/ /			

SEND COMPLETED FORM TO FAX: 08 8923 7603 or E-MAIL: [eacshelpdesk@nt.gov.au](mailto:eacshelpdesk@nt.gov.au)

**Allow five (5) working days for processing**

For information regarding this application phone the EACS Helpdesk 08 8924 7173



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**Note: This page is for completion and submission only by Medical Officers who hold Medicare Provider Numbers.**

Last Name

First Name

**Qualifications**

*Please list Qualification abbreviations to display on official documentation (example: referral letter)*

Prescriber Number

Vocationally Registered

Yes  No

Please list all Northern Territory Remote Health Centre Medicare Provider Numbers below or attach a separate sheet if required.

Medicare Provider Number

Work Unit

MEDICAL OFFICER ONLY

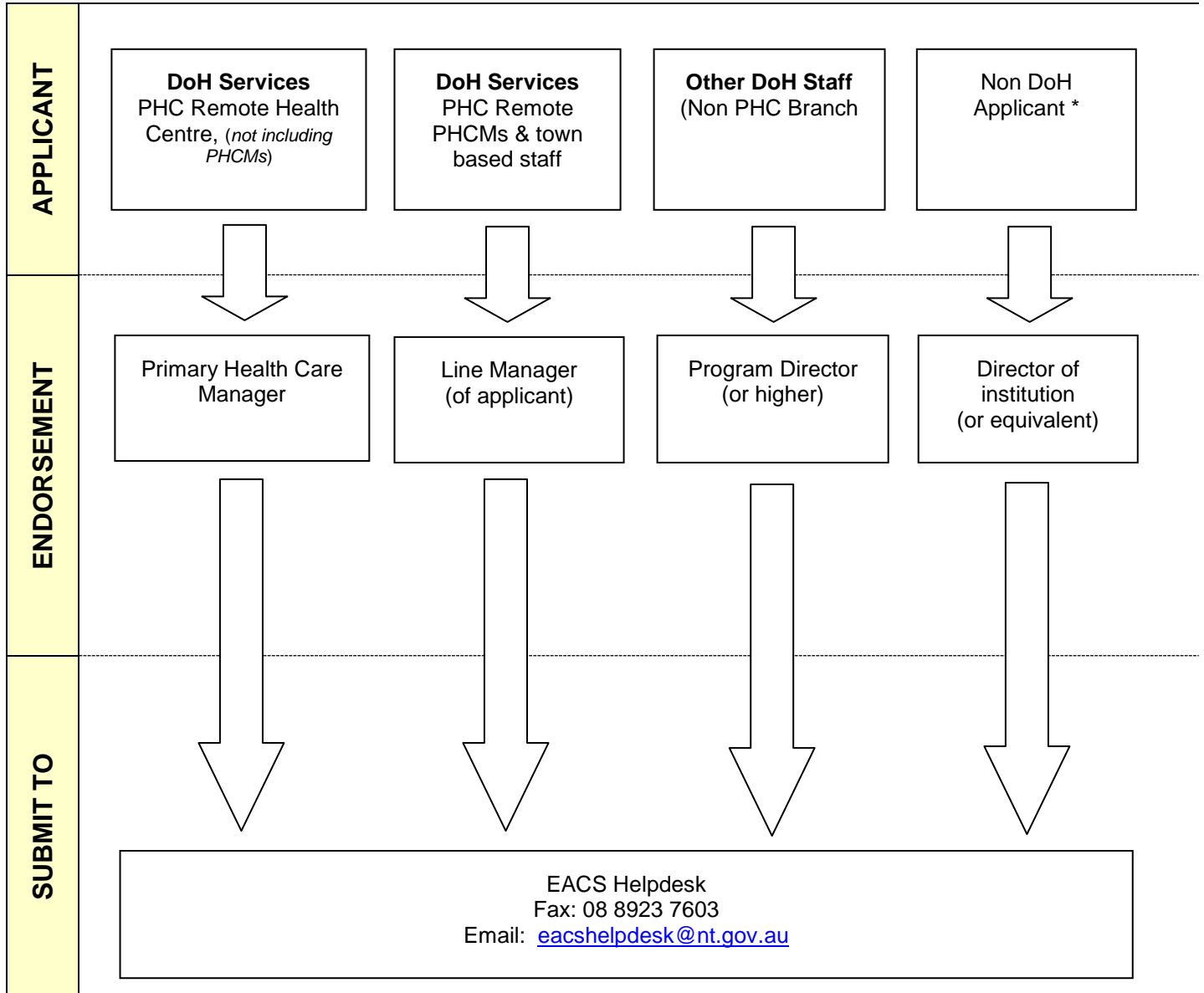
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### User Access Application Flowchart



**NOTE: Non DoH applicants may be required to provide further supporting documentation.**