

# Application for PCIS User Access

Primary Care Information System  
eHealth NT Shared Electronic Health Record

DEPARTMENT OF HEALTH

Reference: [Remote Health Branch ATLAS – PCIS User Access](#)

<b>APPLICANT</b>	Name:	<input type="text"/>		
	Current Work Unit/Location:	<input type="text"/>		
	Work Phone:	<input type="text"/>	Mobile Phone:	<input type="text"/>
	Email:	<input type="text"/>		
	Employment Details:	<input type="checkbox"/> DoH Remote <input type="checkbox"/> DoH Other	<input type="checkbox"/> Employment Agency <input type="checkbox"/> Research Agency <input type="checkbox"/> DOJ	<input type="checkbox"/> Other (specify): <input type="text"/>
	If you have past/current access to NTG computer systems, provide your LAN User ID:	<input type="text"/>		

<b>ACCESS TYPE</b>	<b>What is your role?</b>			
	<input type="checkbox"/> Medical Officer <input type="checkbox"/> Nurse <input type="checkbox"/> Aboriginal Health Worker	<input type="checkbox"/> Administrative <input type="checkbox"/> Student <input type="checkbox"/> Allied Health	<input type="checkbox"/> Other (specify): <input type="text"/>	
	<i>Note: Clinical staff automatically receive access to the eHealth NT Shared Electronic Health Record</i>			
	<b>Select the title that you wish to be displayed in PCIS against your name</b>			
	<input type="checkbox"/> Aboriginal Health Worker <input type="checkbox"/> Administrative Officer <input type="checkbox"/> Area Services Manager <input type="checkbox"/> DMO/RMP <input type="checkbox"/> Enrolled Nurse	<input type="checkbox"/> Primary Health Care Manager <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Remote Area Nurse <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Research Worker	<input type="checkbox"/> Specialist (specify): <input type="text"/> <input type="checkbox"/> Other (specify, if not listed): <input type="text"/>	
<b>Anticipated dates of access?</b>	From:	<input type="text"/>	To:	<input type="text"/>
<i>Note: Must not exceed contract</i>				

<b>ACCESS TYPE</b>	<b>Which Health Centre/s will you predominantly be working in?</b>		
	List individual Health Centre/s:	.... OR ....	Select Region/s:
	<input type="text"/>		<input type="checkbox"/> Barkly <input type="checkbox"/> Darwin Rural <input type="checkbox"/> Darwin Urban <input type="checkbox"/> Top End West <input type="checkbox"/> East Arnhem South <input type="checkbox"/> West Arnhem <input type="checkbox"/> Tiwi Islands <input type="checkbox"/> Maningrida
		<input type="checkbox"/> Central Australia North <input type="checkbox"/> Central Australia Central <input type="checkbox"/> Central Australia South <input type="checkbox"/> NT Correctional Services <input type="checkbox"/> Watch-House <input type="checkbox"/> Bagot <input type="checkbox"/> Binjari	

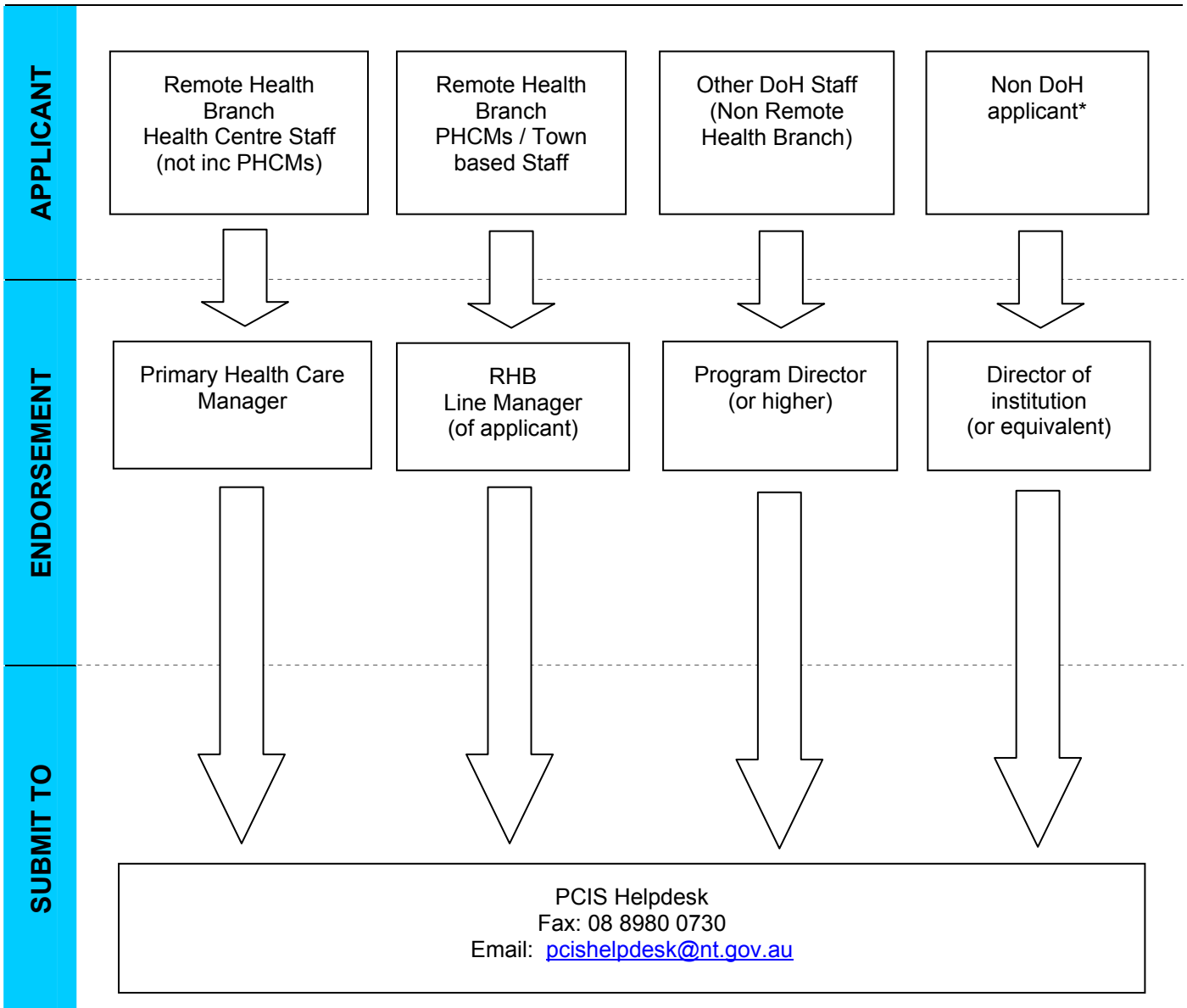
<b>AUTHORISATION</b>	<b>APPLICANT DECLARATION</b>		
	I understand that when I access PCIS I am required to comply with the provisions of the Information Act and the DoH Privacy Policy when handling personal information. <i>(See Page 4 of this form)</i>		
	I understand that when I access the eHealth NT Shared Electronic Health Record, I am also required to comply with the Privacy Protocol for DoH staff handling consumer information in the eHealth NT SEHR.		
	I understand that my use of PCIS is only for direct service on behalf of DoH, or other specifically DoH approved purposes.		
	I understand that my access to any of the clinical systems is logged and that activities using my User ID may be audited.		
	Signature:	<input type="text"/>	Date:
<b>AUTHORISATION BY SUPERVISOR</b> <i>(See Page 3 for appropriate authority of supervisor)</i>			
I authorise the applicant to have access to PCIS as described on this form. Access is appropriate to the applicant's role.			
Signature:	<input type="text"/>	Date:	<input type="text"/>
Name:	<input type="text"/>	Work Unit:	<input type="text"/>
Designation:	<input type="text"/>	Phone:	<input type="text"/>

**FAX COMPLETED FORM TO PCIS HELPDESK 08 8980 0730**

<b>PCIS</b>	<b>PCIS Office Use Only:</b>	<b>OTHER DoH/NON-DoH APPLICANTS</b>	
	Helpdesk/System Admin Officer:	<input type="text"/>	Safety & Quality Manager:



## User Access Application Flowchart



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

## Privacy Policy

### *Introduction*

The Northern Territory Government has established a privacy regime for the Northern Territory public sector under the *Information Act*. The Act establishes ten Information Privacy Principles (IPPs) that impose specific obligations on all NT Government agencies concerning the collection, use, storage and other handling of personal information.

Personal information includes personal details of an individual and any other information that directly or indirectly identifies a person who is alive or who has been alive within the last five years. All personal information collected in the provision of a health service is considered to be 'health information' or 'sensitive information' under the IPPs.

### *Policy Statement*

1. The Department of Health (DoH) and the Department of Children Families (DCF) are committed to safeguarding the privacy of the personal information that it collects and handles and has implemented measures to comply with its obligations under the IPPs.
2. DoH and DCF collects and handles a range of personal information about clients and staff for the purposes of providing services or carrying out its functions. DoH and DCF also uses some of this information for planning, funding, monitoring, and evaluating its services and functions. Where practicable, when using information for these purposes, identifying details such as name and address are removed. Personal information is not included in reports or publications that are released to the public, except with the consent of the person concerned or where this is authorised by law.
3. In accordance with its responsibilities, the services and functions DoH and DCF provide relate primarily to the areas of health, community support, and the protection of public health and safety. The main services provided include aged and disability, alcohol and other drugs, child protection, environmental health, family and children's, mental health, primary and community health, public health and public hospital services.
4. DoH and DCF recognises that the nature of these services means that much of the information handled is particularly sensitive and acknowledges the right of individuals to have their information handled in ways that they would reasonably expect and that respect their privacy.
5. DoH and DCF recognises that it provides services to a culturally diverse community and makes every effort to ensure that information is handled in culturally sensitive and appropriate ways.
6. Subject to the exceptions expressly stated in the IPPs, DoH and DCF will:
  - collect only that information which is needed for a particular purpose ('the primary purpose');
  - collect sensitive information (which includes health information) directly from the person concerned, wherever possible, and with their consent;
  - take reasonable steps to let the person concerned know why information about them was collected and how DoH and DCF will handle it;
  - use and disclose sensitive information only for the primary purpose, or for another purpose ('a secondary purpose') which is directly related to the primary purpose and one which the person would reasonably expect;
  - otherwise use and disclose sensitive information with the person's consent (except where it is an emergency and the information is needed to lessen or prevent serious harm, or its use or disclosure is authorised by law);
  - take all reasonable steps to ensure the information it collects is stored securely, protecting it from unauthorised access, modification or disclosure;
  - take reasonable measures to ensure the information it collects is accurate, complete and up-to-date;
  - provide the person concerned with access to information held about them, and to seek its correction where the person considers the information is inaccurate, incomplete or out-of-date.