



PLEASE PRINT DETAILS CLEARLY

Reference: [Remote Health Branch ATLAS: EHR - User Access](#)

Full professional name MUST be provided exactly as per APHRA Registration for ALL registered clinicians										
APPLICANT	Last Name			First Name			Sex (please tick) <input type="checkbox"/> Female <input type="checkbox"/> Male			
	Phone: Work			Phone: Mobile						
	Email: Work			Email: Personal (optional)						
	Generic Email for TMS Users (please tick)		<input type="checkbox"/> Community-based RMP (resident) < insert e-mail name of health centre > .clinicstaff@nt.gov.au							<input type="checkbox"/> Visiting RMP (field will be left blank)
	Current Work Unit/Location									
	Prescriber Number									
	Healthcare Provider Identifier – Individual (HPI-I) Number									
	What is your ePASS/LAN User ID:			Note: All NTG computer system Users require an ePASS/LAN User ID Medical Officers automatically receive access to My eHealth Record (MeHR). A security question is required to verify identification when a MeHR password reset is required.						
	Security Question: What year did you turn 10 years old?			Note: This security question assists the Helpdesk in confirming your identity.						
	ACCESS TYPE	Anticipated dates of access:			From		/ /		To	
Note: Must not exceed current contract dates.										
What is your role: (please tick)		Default Profile (please tick)								
<input type="checkbox"/> RMP / SRMP		<input type="checkbox"/> PCIS AND/OR <input type="checkbox"/> EACS <input type="checkbox"/> TMS Requestor <input type="checkbox"/> TMS Approver CWS, CCIS (RMP Profile), Telehealth Converge NT, NT Cardiac Epiphany System & Web Client								
<input type="checkbox"/> Duty RMP (On-call)		PCIS (including NTCS), EACS, CWS, CCIS (RMP Profile), Telehealth Converge NT, TMS (Requestor & Approver), NT Cardiac Epiphany System and Web Client								
<input type="checkbox"/> RMP / SRMP Locum		<input type="checkbox"/> PCIS AND/OR <input type="checkbox"/> EACS <input type="checkbox"/> TMS Requestor Telehealth Converge NT, NT Cardiac Epiphany System and Remote Access via Web Client								
Which Health Centre/s or Hospital will you predominantly be working in?										
List individual health facilities... OR ... Select Region/s										
			<input type="checkbox"/> RMP – Top End		<input type="checkbox"/> East Arnhem Central		<input type="checkbox"/> Barkly			
			<input type="checkbox"/> RMP – Central Aust		<input type="checkbox"/> East Arnhem North		<input type="checkbox"/> CA – Central			
			<input type="checkbox"/> Darwin Rural		<input type="checkbox"/> East Arnhem South		<input type="checkbox"/> CA – North			
			<input type="checkbox"/> Darwin Urban		<input type="checkbox"/> West Arnhem		<input type="checkbox"/> CA – South			
			<input type="checkbox"/> Top End West		<input type="checkbox"/> Maningrida		<input type="checkbox"/> NT Corrections – CA			
					<input type="checkbox"/> Tiwi Islands		<input type="checkbox"/> NT Corrections – TE			
AUTHORISATION	APPLICANT DECLARATION									
	I understand that:									
	<ul style="list-style-type: none"> - when I access Electronic Health Record Systems (EHRs) or Telehealth Converge NT Interface, Travel Management System (TMS) or NT Cardiac Epiphany System I am required to comply with the provisions of the Information Act and the DoH Privacy Policy when accessing personal information. - when I access My eHealth Record, I am also required to comply with the Information Act and DoH Privacy Policy for DoH staff accessing consumer information in the My eHealth Record - my use of EHRs / Telehealth Converge NT / TMS / NT Cardiac Epiphany System is only for direct service on behalf of DoH, or other specifically DoH approved purposes - my access to any of the EHRs / Telehealth Converge NT / TMS / NT Cardiac Epiphany System is logged & activities using my User ID may be audited. 									
	Signature			Date						
	AUTHORISATION BY SUPERVISOR									
	I authorise the applicant to access EHRs required to perform the roles indicated above.									
Name			Work Unit							
Designation			Phone							
Signature			Date							
<p>SEND COMPLETED FORM TO: FAX 08 8980 0730 or E-MAIL pcishelpdesk@nt.gov.au Allow five (5) working days for processing</p>										



Northern Territory Government

Rural Medical Practitioners ONLY

DEPARTMENT OF HEALTH

Electronic Health Record Systems

- Primary Care Information System (PCIS)
- East Arnhem Communicare System (EACS)
- Community Care Information System (CCIS)
- Clinical Work Station (CWS)
- My eHealth Record (MeHR)
- NT Cardiac Epiphany System
- Travel Management System (TMS)
- Telehealth Converge NT

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RURAL MEDICAL PRACTITIONER ONLY	Last Name		First Name	
	Qualifications: <i>Please list Qualification abbreviations to display on official documentation (example: referral letter)</i>			
	Vocationally Registered	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Please list all Northern Territory Remote Health Centre Medicare Provider Numbers below or attach a separate sheet if required.			
	Medicare Provider Number	Work Unit		

For information regarding this application phone the PCIS Helpdesk 08 8999 2855