EPISURV PHS USER APPLICATION

New user details

First name: ..………………………………… Last name: ……………………………………

Email address: …………………………………………………………………………………….

PHS Office(s): …………………………………

PLEASE READ: Descriptions of permissions

ALL – roles that apply the same level of permissions to cases of *all diseases* in the groups listed on page 2 of this form.
Edit – allows users to *read*, *create* and *update* cases and lab results (but not remove them).
Edit/Delete – allows users to *read*, *create*, *update,* and *remove* cases and lab results.
View only – allows users to *read* cases and associated lab results (masked view can be requested on page 2).
Disease Group specific – allows users to have *customised permissions* to selected disease *groups* (see page 2).
Disease specific – allows users to have *customised permissions* on *individual* diseases (use page 3).
Functionalities – access to *Outbreaks, Reports, Maps* need to be requested in addition to disease permissions.

Note: Regardless of case permissions level, all PHS users will have masked (anonymised) view only permissions nationally.

Case permissions required *(tick one)*

☐ <u>Edit</u> ALL diseases   ☐ <u>Disease Group</u> specific *(please complete page 2)*

☐ <u>Edit/Delete</u> ALL diseases   ☐ <u>Disease</u> specific *(please complete page 3)*

☐ <u>View</u> only ALL diseases

Functionalities required *(tick all that apply)*

☐ Outbreaks View only   ☐ Reports access

☐ Outbreaks Edit/Delete   ☐ Maps access

Terms and Conditions:

Confidentiality: Users may only access EpiSurv to view or use health information that is necessary for the performance of their duties. Such information may not be removed, copied, or disclosed except in accordance with Ministry of Health and District Health Board policies and in accordance with the Health Information Privacy Code.

Passwords: Login details are administered by RealMe. Please keep your password confidential. All actions within EpiSurv are recorded and audits for compliance with this agreement may be conducted at any time and without notice.

Email messages: Users accept that ESR will use the email address supplied above to disseminate important information regarding the operation and availability of EpiSurv.

"I agree to comply with the terms and conditions of this agreement (and any future amendments as notified from time to time). I acknowledge that non-compliance may result in having my access to EpiSurv withdrawn and that any non-compliance may be brought to the attention of my employer."

Signed by user: ……………………………………............ *Date*: …………………………………….

Manager/Delegate Authorisation

"I authorise the Institute of Environmental Science and Research Ltd (ESR) to provide the EpiSurv access specified above. I acknowledge that I will inform ESR should this person no longer require access."

Name of authoriser: ……………………………….......... *Date:* ......……………….....................

Authoriser's signature: ....………………………………………..........

Request access by disease group

Tick the access type required in the table below for relevant disease groups (edit and edit/delete access will allow the user to read full/unmasked case information):

Case Report Form	MASKED VIEW ONLY	FULL VIEW ONLY	EDIT	EDIT / DELETE
ARB - Arboviral				
BRU - Brucellosis				
COV - COVID-19				
ENT - Enteric				
GEN - Generic				
HAI - Avian Influenza				
HBC - Hepatitis B, C, NOS				
HIB - *Haemophilus influenzae* type B				
HPA - Hepatitis A				
HSI – Hazardous Substances Injury				
IGS - Invasive group A streptococcal infection				
IPD - Invasive pneumococcal disease				
LED - Lead absorption				
LEG - Legionellosis				
LEP - Leptospirosis				
LIS - Listeriosis				
MAL - Malaria				
MEN - Meningococcal disease				
MMR - Measles, Mumps, Rubella				
MPX - Mpox				
NIA - Non seasonal influenza A(H7N9)				
PER - Pertussis				
RHF - Rheumatic fever				
SWI - Non seasonal influenza A(H1N1)				
TSP - Toxic shellfish poisoning				
TUB - Tuberculosis				
VHF - Viral Haemorrhagic Fever				
VTC - VTEC/STEC infection				

Note: Unless one of the 'ALL' diseases options is ticked on page 1, no additional access will be given for a disease group if no columns are ticked in the relevant row. Note that masked (anonymised) view permissions will be available for requested diseases nationally. If access to STI diseases are required, a separate STI User application form will need to be completed (refer to the EpiSurv help site)

Please return the completed form by email to CDRSupport@esr.cri.nz

Request access to specific diseases only

Please specify specific diseases in the table below (intended for users who do not require access to a full disease group).

Note: Page 3 is **not** required if you have

    a) used the 'ALL' disease permissions options on page 1, or
    b) selected permissions by disease group on page 2.

If either page 1 or page 2 disease permissions have been selected, please ignore page 3.

Disease Name	MASKED VIEW ONLY	FULL VIEW ONLY	EDIT	EDIT / DELETE

Please return the completed form by email to CDRSupport@esr.cri.nz