

# EPISURV STI USER APPLICATION

## New user details

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

Email address: .....

EpiSurv User Office(s): .....

### **PLEASE READ: Descriptions of permissions**

- **View Masked** – allows users to *read* cases and associated lab results but identifiable information is hidden.
- **View Full** – allows users to *read* cases and associated lab results, including identifiable information.
- **Edit** – allows users to *read, create* and *update* STI cases and lab results (but not remove them).
- **Edit/Delete** – allows users to *read, create, update,* and *remove* STI cases and lab results.

Tick the appropriate columns (note only PHUs can request edit access):

Case Report Form	VIEW MASKED	VIEW FULL	EDIT	EDIT / DELETE
AID - AIDS				
HIV - HIV				

Note: If a column is NOT ticked for a disease group then NO access will be given for that disease group. Separate access is required for STI case report forms. A new 'STI module' will be added to your EpiSurv login from the 'Where are you working?' page.

## 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 I acknowledge that non-compliance may result in having my access to EpiSurv withdrawn and that any non-compliance may be brought to the attention of my employer."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: .....

Please return the completed form by email to [CDRSupport@esr.cri.nz](mailto:CDRSupport@esr.cri.nz)