

## 3DHB Security Access Agreement Users Terms & Conditions

**PURPOSE**

Capital, Coast & Hutt Valley District and Wairarapa District holds personal information, health information about patients and employees as well as business and financial information. Te Whatu Ora have an obligation to ensure there is no unauthorised disclosure or loss of this information.

As a user of the Te Whatu Ora information and computer systems, you will have access to some or all of the information. Before you are permitted access to any information you are required to read the Conditions of Access and Use as set out below and accept them by signing at the end of this page.

**CONFIDENTIALITY**

I will only access and use information that is necessary for the performance of my duties.

I will not try to benefit personally or permit others to benefit personally from any information or use of equipment available to me.

I will not remove, copy or disclose any information except when necessary for the performance of my duties and in accordance with relevant statutory and policy obligations including the Privacy Act 2020, Health Information Privacy Code 2020 and the DHB's Privacy Policy.

Any information I include in a report or record will, to the best of my knowledge, be true and accurate.

**PERSONAL USE**

I accept that using the internet and/or email (if applicable) for personal purposes is acceptable provided it is for short durations, does not adversely impact the performance of the Te Whatu Ora's network, does not interfere with the activity of other users and does not impact on my work.

I accept that use of email for personal broadcast is not permitted.

**PASSWORDS**

I agree that my user name and password must never be shared or revealed to anyone else, written down, openly displayed or stored on or near the computer. I will change my password as soon as practicable if it becomes compromised.

I will not allow access by any other person while I am logged into a computer with my password.

**REPORTING PROBLEMS**

If I become aware of any unauthorised use of information or equipment I will report it to my manager immediately or as soon as practicable.

**STORAGE OF DATA**

I will not operate any unauthorised software or make any unauthorised copies of software on any computer or portable device provided by Te Whatu Ora.

I will handle, store and dispose of any information in accordance with relevant statutory and policy obligations including the Privacy Act 2020, Health Information Privacy Code 2020, DHB's Privacy Policy and Public Records Act 2005.

**I will not store sensitive and confidential patient, employee or business information on an unsecured device such as CD/DVD, USB or other portable device.**

**COMPLIANCE AND MONITORING**

I am aware that the Te Whatu Ora monitors all access to information held by the DHB including information stored on Te Whatu Ora computer systems.

I agree that I will not use Te Whatu Ora computing facilities for any unauthorised commercial activities.

I agree I will not use Te Whatu Ora computing facilities for the access, transfer, storage of objectionable material.

I understand the Te Whatu Ora will review and if appropriate renew my access privileges to Te Whatu Ora information and computer systems.

I understand that my obligations under this Agreement will continue after my access to Te Whatu Ora's information and computer systems have been terminated.

I understand that if I do not comply with the Conditions of Access and Use, the Te Whatu Ora may revoke my access.

**MOBILE AND PORTABLE DEVICES**

I accept that when using mobile and portable devices in the performance of my duties I will act in accordance with both the confidentiality requirements of this agreement and other relevant Capital, Coast & Hutt Valley & Wairarapa policies and guidelines.

**I undertake to read and understand the DHB's Code of Conduct, Privacy and Legislative Compliance & Portable Devices policies (all policies can be found on the DHB's document management system on the intranet)**

**Once the requestor has signed the form, please scan it and attach it to your Customer Portal ticket available through the Intranet**

<b>Full Name:</b> (Please Print – First then Last)		<b>Job/Role Title:</b> (Please Print)	
<b>Preferred name:</b> (Please Print – First then Last)		<b>Personal Contact number:</b>	
<b>Personal E-mail Address:</b>			
<b>Have you ever had computer access at either Capital &amp; Coast, Hutt Valley or Wairarapa before?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If Yes, what name or user ID were you known by?</b>			
<b>Company/Department</b> (Please Print):	<b>Date:</b>	<b>Signature</b> (Digital signature, or print and sign manually):	