

HealthSecure User

Registration Form

NZHSRA
Facilitated by ACC

Use this form to apply for a Digital Certificate for each individual user

If you require assistance completing this form please call NZHSRA (New Zealand Health & Disability Sector Registration Authority) on 0800 117 590.

Please Note: All steps on this application form are mandatory

STEP 1: ORGANISATION DETAILS	
Organisation Name (as registered with NZHSRA)	
Phone Number	()

STEP 2: APPLICANT'S DETAILS FOR CERTIFICATE			
Full Name			
Job Title		ACC Provider No. (if applicable)	
Work Email Address			
Mobile Phone Number (Optional)*			

* Please include your mobile number if you wish to receive your certificate password via a text message rather than calling the HealthLink.help desk for this.

STEP 3: CERTIFICATE SECURITY			
The following information is required by HealthLink to verify your identity when:			
1) Your password is initially issued; and			
2) You need to suspend, revoke or renew your certificate			
Date of Birth		Mother's Maiden Name	
For positive identification during telephone calls and similar, we ask you for your 'challenge phrase'. The challenge phrase is a unique sequence of letters and numbers with NO punctuation and a minimum of eight characters. You should record this for your own records but never disclose it to anyone			
Challenge Phrase			

IN CONFIDENCE

STEP 4: APPLICANT'S DECLARATION

I declare that the information given in this form is true and correct, and that the NZHSRA (as the accredited Registration Authority) is authorised to verify this information.

Applicant's Signature		Date	
--------------------------	--	------	--

STEP 5: APPLICATION ACCESS APPLIED FOR

Please circle which application/s you are applying for access to. You may circle more than one. If you are unsure, call the NZHSRA on 0800 117 590

Note: Please apply for individual user access directly with the application owner.

ACC	NHI	HIN	Special Authority	NIR	NZCSP	Other: _____ (Please Specify)
-----	-----	-----	-------------------	-----	-------	-------------------------------

HealthLink will provide you with a file containing your key and certificate.

STEP 6: ORGANISATION AUTHORISED SIGNATORY

This section must be completed by an authorised signatory in your Organisation, as supplied in your Organisation's Registration with the NZHSRA. (If you have several users and wish to bulk approve, please contact the NZHSRA for a User Approval List.)

Full Name			
Job Title			
Signature		Date	

Send the **original** completed registration form and User Approval List (if required) to:

NZHSRA
P O BOX 30823
LOWER HUTT 5040

For Office Use Only

Administrator:	Date:
Validator:	Date:

New Zealand Health & Disability Sector Registration Authority

In the collection, use and storage of information the NZHSRA will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.

PAGE 2 OF 2

IN CONFIDENCE