

HealthSecure Organisation Registration Form

Use this form to register your Organisation for Digital Certificate issuance. Sole practitioners, counsellors etc, must complete this application form to have your business registered with NZHSRA for Digital Certificates

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 Trading Name to be registered with NZHSRA				
Organisation Legal name if Different to above				
Physical Address			Postal Code	
Postal Address (if different)			Postal Code	
Organisation Phone number	()	Organisation Fax number	()	
User Applications from your organisation will primarily be for:	Ministry of Health - Health Network (e.g. NHI, NIR, Special Authority etc) <input type="checkbox"/>	ACC Electronic Transactions (e.g. eBilling) <input type="checkbox"/>	Both MoH & ACC <input type="checkbox"/>	

NB: Access to the **Health Network** must be approved by the **Ministry of Health** before we are able to proceed with this application. <http://www.moh.govt.nz/moh.nsf/indexmh/healthnetwork-infopack> provides further information and the necessary form to assist you.

STEP 2: ORGANISATION CONTACT			
Name			
Work email Address			
Phone Number	()	Job Title	

STEP 3: ORGANISATION AUTHORISED SIGNATORIES			
Please supply names of authorised signatories for your organisation. These signatories can approve certificate requests on behalf of your organisation and revoke user certificates. You will need to provide at least 2 signatories unless you are a sole practitioner			
Name		Signature	
Name		Signature	
Name		Signature	
Name		Signature	

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.

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STEP 4: ORGANISATION ACCEPTANCE			
<p>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. I have approved the authorised signatories listed on this application.</p> <p>I accept that the NZHSRA may decline any application or revoke any certificate at any time.</p> <p>I agree that renewal certificates will be charged to the organisation at the specified renewal rate unless subsidised.</p>			
Name			
Job Title		ACC Provider No. (if applicable)	
Signature		Date	
By executing this agreement the signatory warrants they are duly authorised to execute this agreement on behalf of the organisation			

STEP 5: WITNESS DECLARATION			
<p><i>A witness must be a member or registered practitioner of one of the following: Member of NZ Law Society, Member of the Institute of Chartered Accountants of NZ, Justice of the Peace, Dental or Medical Council Member or a Member of the Pharmacy Council of New Zealand.</i></p> <p><u>The witness can not be an authorising signatory or the organisation acceptor as detailed on this form.</u></p> <p>I confirm that I have identified the person, and their position, who has signed this organisation acceptance. They have signed this Organisation Registration form in my presence. The NZHSRA has my permission to confirm my witness status.</p> <p>Please enter your details below:</p>			
Membership Body			
Membership Reference Number			
Full Name			
Phone Number	()	Job Title	
Signature		Date	

Send the original completed registration form, with at least one User form to: NZHSRA P O BOX 30823 LOWER HUTT 5040

Office Use Only:	
Administrator:	Date:
Authorisor:	Date:

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