

# Health System Performance Application User Access Request Form

First Name		Surname	
Organisation/LHD/SHN		Site/Facility	
Branch/Unit		Position Title	
Stafflink Number		Contact Number	
Local Login ID		Email	

### **User access agreement**

The data within the Health System Performance (HSP) App is provided strictly for internal use only and shared for the purpose of facilitating analysis and understanding of performance against Key Performance Indicators (KPI) and Improvement Measures. The purpose of the HSP App is to provide LHD/SHN's with easily accessible data that can be used to monitor and benchmark.

The HSP App contains provisional data and as such is not the source of official KPI reporting. The Health System Performance reports, published monthly on the NSW Ministry of Health intranet are the source of truth in relation to KPI's. In signing this agreement the requestor agrees to use the data in line with the stated purpose only and accepts the limitation of the data contained therein.

1. I understand by being granted access to the HSP App I will now have access to health information collected from patients that is protected by privacy law.
2. I undertake not to knowingly access any personal information or, information which could be used to identify a person, through the HSP App unless such information is essential for me to properly and efficiently perform my duties.
3. I will not divulge any personal information regarding individual persons, except as allowed by the Health Privacy Principles contained in the NSW Health Records and Information Privacy Act 2002 and NSW Health policies\*.
4. I undertake to comply with other information privacy and security procedures as stipulated by NSW Health policies\* in relation to any personal information that I access in the course of my duties. I will ensure that, so far as is within my control, such information, whether in the form of paper documents, computerised data or in any other form, cannot be viewed by unauthorised persons and that the information is stored in a secure area that prevents unauthorised access.
5. I further undertake to inform my supervisor or a relevant officer immediately if I become aware of any breach of privacy or security relating to the information that I access in the course of my duties.
6. I understand and accept that my access and usage will be monitored on an ongoing and continuous basis and access will be suspended if unused for a period of six months.
7. I also understand and accept that my access may be denied at the absolute discretion of my supervisor, the NSW Health agency where I am engaged or by the Ministry of Health.
8. I undertake to immediately inform the MoH of any change of my position within NSW Health that will affect what information I have the right to access, i.e. moving from one LHD to another or leaving NSW Health.

Return to: [HSPapp@moh.health.nsw.gov.au](mailto:HSPapp@moh.health.nsw.gov.au)

9. I also understand that non-compliance with the above conditions or any breach of the relevant NSW Health policies\* may result in either suspension or removal of access to the HSP App.

\* Relevant NSW Health policy directives include:

\* NSW Health Privacy Manual \* Data Collections - Process for Approval of New or Modified

\* NSW State Digital Information Security Policy \* Electronic Information Security Policy NSW Health

Requestor Signature:	
Requestor Name:	
Signature Date:	

CE or Delegate Signature:	
Delegate Name:	
Delegate Position:	
Signature Date:	

Ministry Whole of Health Program Signature:	
Ministry Whole of Health Signatory Name	
Signature Date:	

SIA Signature:	
SIA Signatory Name	
Signature Date:	