

NT Diabetes in Pregnancy Web Based Register Access

Policy Statement

The Northern Territory Government collects and safeguards client/patient data in accordance with the *NT Information Act*. All personal information collected in the provision of a health service is considered to be 'health information' or 'sensitive information' under the *NT Information Act*.

Who can have access to the register?

- NT DIP Register Coordinators, register administration staff and health professionals involved in the coordination of care for women with a history of Diabetes in Pregnancy
- Health professionals involved in the direct care of clients (women and their babies) with a history of Diabetes in Pregnancy

What is the process to gain access to the register?

- Read this policy statement thoroughly.
- If you agree with the terms set out in this document complete the attached application form and send to the register manager, who will assess the application.
- You will be advised of the outcome of the application.
- If successful, the register manager will provide you with a username and password which you will need to change at first log in.
- Passwords will be reset periodically and you will be advised when this happens.

In order to protect the privacy of information on the internet based register, staff from NT Government and Non-Government organisation are required to adhere to the following principles:

- Do not disclose your password and username to anyone.
- Only utilise the information stored on the register in the interest of direct care or coordination of care of clients.
- Advise the register manager if you see any data that is incorrect. Advise the register manager if you will be leaving your position or moving to another site.
- Do not disclose or utilise the information on the register for the purposes of research.

NT DIP Clinical Register Access Application

DATE:	GIVEN NAME:	SURNAME:	TELEPHONE:
WORK LOCATION:		EMAIL (generic email addresses are not accepted)	
CURRENT POSITION: <input type="checkbox"/> Administrative <input type="checkbox"/> Aboriginal Health Worker <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Diabetes Educator <input type="checkbox"/> GP/RMP <input type="checkbox"/> Physician <input type="checkbox"/> Obstetrician <input type="checkbox"/> Endocrinologist <input type="checkbox"/> Other (specify) My employment contract ceases: <input type="checkbox"/> Date <input type="checkbox"/> I have permanent on-going employment at this site.		I have read and understand the NT DIP Clinical web based register access policy statement. YES / NO I am aware of my obligations not to divulge information to any unauthorised persons in compliance with the NT DIP Register Policies. YES/NO I am aware that the only purpose for accessing a woman's record is as part of clinical care YES/NO	
APPLICANTS SIGNATURE:			
YOUR MANAGERS AUTHORISATION (Mandatory Field)			
As the Supervisor/Manager for this applicant, I authorise this applicant to have access to the NT DIP Register.			
NAME: (printed)	SIGNATURE:	DATE:	
POSITION/TITLE	EMAIL:	PHONE:	
Office use only _____ NT DIP Register Manager	Approved: Yes/No	Date:	