

AUSLAB/AUSCARE clinical and scientific information system Pathology WIL Student access request

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Privacy disclaimer: Personal information collected by the Department of Health or a Hospital and Health Service (a health agency) is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the health agency (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law.

Applicant details: *(Complete ALL details. Incomplete details will delay processing of your request)*

Surname: _____ Given name: _____ Middle initial: _____

Course: _____

University: _____ Current Year: 1 2 3 4 5 6

Student number: _____ Expected graduation date: _____

Work phone number: _____ Work Fax Number: _____

Laboratory location: _____

University e-mail address: _____

Security policy: *(Access will NOT be provided if this section is not signed and dated)*

- 1 I have been provided with a copy of and understand the requirements of the *Code of Conduct for the Queensland Public Service*, the *Queensland Health Information Security Policy* and the *Information Privacy Act 2009*.
- 2 I hereby request access to AUSLAB and AUSCARE and declare that I will abide by the principles of the *Code of Conduct for the Queensland Public Service*, the *Queensland Health Information Security Policy* and the *Information Privacy Act 2009*.
- 3 In particular I will keep confidential all personal, patient and client information acquired in the course of using AUSLAB/AUSCARE.
- 4 I understand that AUSLAB/AUSCARE contains confidential patient information and access is restricted to enquiries made in the direct course of Queensland Health's mission. Unauthorised access and or use of AUSLAB/AUSCARE will result in loss of access privileges and other remedies available to Queensland Health at law.
- 5 I will regard logins and passwords as confidential and will not share or reveal my login details to another person.
- 6 I understand that all enquiry access is logged and audited.

Applicant's signature: _____ Date: _____

Executive Director of Medical Services, Pathology Queensland approval: *(Access will NOT be provided without Executive Director of Medical Services Pathology Qld authorisation)*

Name: _____ E-mail address: _____

Phone number: _____ Fax number: _____

I declare that the applicant, although not an employee of Queensland Health, **is engaged in WIL in Pathology Queensland laboratories** and requires access to AUSLAB/AUSCARE. I recommend that the applicant be given user L1 access to the AUSLAB clinical and scientific information system.

Authorisation: _____ Date: _____

Return completed form to Clinical Information System Support Unit via email or fax:
Email: liss@health.qld.gov.au Fax: 07 3000 9330 Phone: 07 3000 9333
Address: Technology Office Park, Building No. 4, 107 Miles Platting Road, Eight Miles Plains QLD 4113

Need more information?
CISSU home page on QHEPS
<http://qheps.health.qld.gov.au/liss/home.htm>