

AUSLAB/AUSCARE clinical and scientific information system Student Enquiry User 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: _____ Are you *treating patients? Yes No
*Treating refers to direct patient care under clinical supervision
 University: _____ Current Year: 1 2 3 4 5 6
 Student number: _____ Work phone number: _____
 Work fax number: _____ Location: _____
(Hospital)
 Business address: _____
CISSU may use this address for correspondence. Please provide your BUSINESS ADDRESS ONLY. Do not use home address.
 City / suburb: _____ Postcode: _____
 E-mail address: _____
(please supply university email ONLY)

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: _____

Authorisation details: *(Access will NOT be provided without authorisation)*

Please ensure you obtain the appropriate approval according to the following matrix:

QH Employee Student Type	Approval required
Medical / Nursing students	Queensland Health Clinical Supervisor
Dietetic students	Head of Dietetics Department
Physiotherapy students	Head of Physiotherapy Department
Pharmacy students	Director of Pharmacy

Name: _____ E-mail address: _____
 Position: _____ Department: _____
 Phone number: _____ Fax number: _____

I declare that the applicant is **treating patients** and requires access to pathology information. I recommend that the applicant be given access to the AUSLAB/ AUSCARE clinical and scientific information system.

Signature: _____ Date: _____

Office use only – Executive Director of Medical Services, Pathology Queensland approval:

The above mentioned officer is authorised to access AUSLAB/AUSCARE (add special restriction if applicable)

Signature: _____ Date: _____

Comment: _____

Return completed form to Clinical Information Systems 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
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