New User Access Form

Employee Information

Name	
Job Title	
Employer (Practice / Hospital / Health Agency / Surgeon	
HPI number (if Known)	
Contact Address	
Email	
Phone Number	

NZBDR Access Role

____ Surgeon

____ Data Entry on behalf of Surgeon(s)

____Administrator

____ Other (please specify below

Requested Start Date for Access:

_____ **(**dd/mm/yyyy)

Agreement and Signature

Please tick to confirm acknowledgement

- ☐ I understand that if I am given access to the New Zealand Breast Device Registry, all patient information is to be kept private and confidential, and any breach may result in the immediate revocation of my access.
- ☐ I understand that data security is in place via Medic Alert and data requests are required to be made via the form available on the Breast Device website or via the NZBDR Coordinator.
- ☐ I understand that when I am no longer working in the breast surgery/reconstruction field, I must inform the NZBDR Coordinator to remove my access from the website.
- ☐ I acknowledge that all patients must be given the appropriate information on the NZBDR prior to surgery including the information brochure.

Name (printed
Signature
Date