

NIECR Request Form

Please complete the following details to gain access to the Northern Ireland Electronic Care Record System.

Title:	Forename:	Surname:
GOS Personal code:		GOC Registration Number:
<i>This is required to create your NIECR account, without this an account cannot be created.</i>		
Role:		
Job Title:		
Practice Code:	Practice Name:	
Contact Number:		
<i>Full telephone number (e.g.) 028 3833 4444. Direct Dial numbers preferred. Mobile numbers also acceptable.</i>		
Email Address:		<i>(i.e. 123X.OptAdmin@hscni.net)</i>
<i>This must be the Contractor Practice hscni.net email address for the practice submitting the request. Information on the account will be returned to this email address.</i>		
Contractor/Practice Owner/Director:		
Authorised by:		
<i>This should be your line manager</i>		

As an NIECR user, I understand and agree to the following, that: (Tick Box to Agree)

- I must not share my username and password details with anyone.
- I must log out when I have finished using NIECR, and lock my computer when I need to physically leave my screen.
- I must only view records of patients or service users where:
 - I am part of the team providing care to that patient or service user, and
 - I need to view the NIECR record to assist with providing that care to the patient or service user.
- Audit logs are kept of all activity within NIECR and are regularly reviewed. If requested, I must provide information and assistance with any investigations into the use of NIECR.
- If a patient or service user has not already consented to their record being viewed by the team providing their care, I am required to ask the patient if they are content for their clinical information to be viewed through NIECR and respect their right to withhold access to their NIECR record should this not be the case.
- If I have NIECR permissions to access a patient or service user's record prior to permission to view being gained (e.g. I need to review referrals, patient is unconscious or distressed, medical emergency), I will make sure that they are made aware of the use of their information in NIECR at the earliest appropriate opportunity.
- Consent decisions are recorded in NIECR but should be noted in the local record in exceptional circumstances e.g. if there has been any issue with that patient/service user's consent, or consent to view has been withheld.
- Patient searches are only to be used when I have a valid reason for looking for that patient's record i.e. if I am part of the team providing direct care to that person. Valid reasons for searching without using HCN or Casenote numbers must be entered in the text box provided, and may be followed up as part of 'spot checking' on legitimate use of the search facility.
- I will use the 'feedback' button to pass queries, comments, compliments and complaints to the NIECR team.
- I will contribute to project and system evaluation through responding to user surveys and providing ad hoc feedback on my experiences of using the ECR.
- These user responsibilities are in addition to complying with my contractual obligations with my employing organisation, professional codes of conduct and the DHSSPS Code of Practice on Protecting the Confidentiality of Service User Information.

Please email this completed form to Ophthalmic.Services@hscni.net