Organisation Maintenance Form (This pr	les TestSafe with an overview of your organisation)	IO NA	AME (if in one)	+ / +	CareConnect
Organisation Name					TestSafe
Address 1	Hea	alth !	Network Inform	ation 1	
Address 2	Heal	lthlink		Other	
Contact Details	Spar	ırk			
Contact Name	Co	ontact	Phone		
Email address	Co	ontact	Mobile		
Organisation Phone	ganisation Managing Director Nam				
Authorised By:	Pos	sition			
Signature:	Dat	te:			

## **Provider Details**

Please	e Tick	First Name	Last Name	Please Tick			CPN/HPI 3	NZMC/NZNC	End Date 4
Add2	Remove			General Practice	Private Practice	Non Clinical			

<sup>1.</sup> Health Network (also known as 'Health Intranet') network supplier, i.e. 'SecureIT' from HealthLink or 'SecureMe' from Telecom

<sup>2.</sup> If the practitioner does not already have access to TestSafe, please download and complete the appropriate Access Deed

<sup>3.</sup> CPN is a 'Common Person Number' allocated by the Health Practitioner Index ('HPI') managed by the New Zealand Health Information Service of the Ministry of Health

<sup>4.</sup> Enter an 'End Date' if the health care provider is temporarily with your practice e.g. a Locum.