

Waikato District Health Board
Private Bag 3200
Hamilton 3240
Phone: +64 (07) 839 8678
Fax: +64 (07) 839 8769

Date: 15 November 2013

To: Clinical Staff Member

Re: Registration for on-line application for Special Authority numbers

Please find enclosed the following:

- * Ministry of Health audit agreement
- * Ministry of Health registration of interest

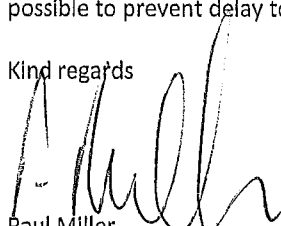
Please complete required (highlighted) details, sign where indicated and post via the internal mail to your coordinator. Your coordinator/ clinical leader will forward your completed documentation to the Ministry of Health (MoH) for processing.

Once your application has been processed by the Ministry of Health you will receive a confirmation email advising you that your request for access has been authorised. Once this occurs IS will provide you with access to the Waikato DHB's site digital certificate allowing you to access the Ministry of Health's Electronic Special Authority website within 24 hours (within business hours) of this email being received. Once this occurs you will be able to apply for special authority for medication subsidies for your patients.

If you have any questions, please contact me as below or contact the Ministry of Health on 0800 505 125 or onlinehelpdesk@moh.govt.nz.

Please complete these registration forms as soon as possible to ensure you have access in the shortest time possible to prevent delay to patients.

Kind regards



Paul Miller
RMO Coordinator

Audit of Special Authority applications

Welcome to the Electronic Special Authority application system.

As a user of the Electronic Special Authority application system, your applications may be audited against the application criteria set out in the Pharmaceutical Schedule.

All audits will be carried out by Audit & Compliance, Ministry of Health, and will be completed in accordance with the agreed protocols between the Ministry of Health and the New Zealand Medical Association (NZMA) or between the District Health Boards (DHBs) and Primary Health Organisations (PHOs).

In signing this declaration you acknowledge you will discuss the possibility of an audit with your patients at the point of applying for a Special Authority approval, and obtain their consent to allow a review of their clinical notes that relate to the application. The review of the clinical notes will be carried out by a doctor contracted to Audit & Compliance.

Please sign below, and return to the Ministry of Health. When we have received the signed form, and all other required access is signed off, we will be able to register you as an approved user of the system.

I (print name) _____ (registration number) _____ understand my electronic special authority applications may be audited and will advise my patients of the possibility of an audit and gain their consent for the auditors to review their clinical notes.

Organisation name _____

Signature _____

Date _____

Electronic Special Authority (ESA) - Registration of Interest

The Ministry of Health require the following details for any Doctor wishing to access Electronic Special Authority.

Please complete the below registration of interest and return with your completed Audit Letter to the On-Line Helpdesk, 179 St Hill Street, Private Bag 3015, Whanganui 4500 or fax to 0800 100 131.

Name	
MCNZ #	
Hospital Name	Waikato Hospital
DHB	Waikato District Health Board
Address	Private Bag 3200 Hamilton 3240
Phone Number	07 839 8899
Email Address	
Do you operate using MAC?	If yes, ESA is only guaranteed to work on any PC or MAC computer running with Microsoft Windows

For further assistance with Electronic Special Authority (ESA) please contact the On-Line helpdesk at onlinehelpdesk@moh.govt.nz or call us on 0800 505 125.