**ACKNOWLEDGEMENT BY RESOURCE ACCESSER**

I on behalf of and as authorised signatory

for hereby acknowledge, confirm

and consent as follows:

1. Health Hawke’s Bay Ltd (“HHB”) has established a database of health resources within the HHB’s District Health Board’s geographical area (“the Region”) (“the Database”).

2. The reason for the compilation of the Database by HHB is to provide contact information of health resources within HHB’s District Health Board region, to medical practitioners, medical practices, hospitals and health providers (including, for the avoidance of doubt, both clinical and non-clinical staff).

3. I acknowledge that if HHB deems it appropriate, access to the Database may be provided to any organisation of the New Zealand government in an emergency situation.

4. I acknowledge that while HHB will take reasonable care to ensure the accuracy of the information in the Database, there is no implied warranty given by HHB as to the accuracy of the information held in the Database and it is my responsibility to undertake all necessary checks and vetting to ensure the resources detailed on the Database are suitable for my needs.

5. I acknowledge that while HHB will take reasonable care to ensure the security of its computer systems, no warranty is provided by HHB as to the security of its computer systems and I access the Database at my own risk.

6. I acknowledge that nothing herein and arising as a result of my accessing the Database shall constitute a contractual or employment relationship between myself and HHB, or between HHB and any third party. For the sake of clarity, HHB shall not at any time be deemed to be an employer, head-contractor or sub-contractor.

7. I hereby acknowledge that I shall only use any information I obtain from the Database for the sole purpose for that it is intended, that being, to enable me to contact medical resources directly within the Region. In all respects, I undertake to keep the information I obtain or receive from the Database, wholly confidential and shall not use it for any other purpose.

8. I undertake to advise HHB of any error, misdescription, falsification or fault occurring in respect of the Database, or the information held in the Database that comes to my attention.

9. I undertake to comply with the Vulnerable Children Act 2014 and to undertake all necessary steps and vetting necessary to ensure compliance with the Vulnerable Children Act 2014 and to advise HHB of any concerns that come to my knowledge which may impact on HHB’s compliance with the Vulnerable Children Act 2014.

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| Signed by [ ] on behalf of and as authorised signatory for [ ]: |  |
|   Director’s/Authorised Signatory full name |   Director’s/Authorised Signatory signature |
|  |  |