**ACKNOWLEDGEMENT BY RESOURCE PROVIDER**

I hereby acknowledge, confirm and consent as follows:

1. In providing my personal details and the information I provide herein (“the Information”) to Health Hawke’s Bay Ltd (“HHB”), I acknowledge HHB will use the Information to facilitate the provision of a database of health resources within the greater Hawkes Bay area (“the Database”).
2. I acknowledge that the Database will be made available to medical practices and medical/health providers within the HHB’s District Health Board’s geographical area (“the Region”). For the avoidance of doubt, if HHB deems it appropriate, access to the Database may be provided to any organisation of the New Zealand government in an emergency situation.
3. I acknowledge that no contractual relationship arises by virtue of me providing the Information to HHB and I will not be deemed to be either a contractor or an employee of HHB by the provision of the Information.
4. I acknowledge that medical practitioners, practices, hospitals and health providers within the Region may utilise the Information on the Database to discuss the engagement of my service.
5. I acknowledge that the reason for the compilation of the Database by HHB is to provide a comprehensive resource for medical practitioners, practices, hospitals and health providers within the Region (including, for the avoidance of doubt, both clinical and non-clinical staff).
6. While HHB will do all things reasonably necessary to maintain the security of the Information, once the Information has been obtained from the Database, I acknowledge HHB has no control over how the Information will be disseminated and/or used.
7. I acknowledge that I have been advised by HHB that I have the right to:
8. Have the Information removed from the Database at any time upon written request;
9. To request a copy of the Information; and
10. To have the Information amended if it is incorrect.
11. I hereby undertake to advise HHB of any situation that may jeopardise my ability to perform the services I have indicated I have the ability to perform and that any relevant qualifications and/or registrations, if any, will be maintained current while the Information is noted as current on the Database.
12. I hereby undertake that all information I provide to HHB is true and correct and that I have advised HHB of any relevant circumstances which may impact on my ability to provide the services I have indicated I have the ability to perform.
13. I understand that it is my responsibility to enter into negotiations with respect to remuneration with any party that contacts me as a result of accessing the Database and that at no time will HHB be responsible to me for any loss of remuneration for whatsoever reason occurring through the provision of the Information to HHB.
14. I acknowledge that I shall have no right to be included on the Database and that any failure by HHB to record the Information shall not give rise to any claim by me against HHB. I further acknowledge that I shall have no claim whatsoever against HHB arising as a result of any error or omission in the recording of the Information or within the Database.

12. I acknowledge that HHB has responsibilities to ensure compliance under the Vulnerable Children Act 2014. I hereby:

a. Consent to HHB taking all steps it deems reasonably necessary to ensure compliance with its obligations under the Vulnerable Children Act 2014; and

b. Undertake to immediately advise HHB of any circumstance that may affect HHB’s compliance and/or my compliance with the requirements of the Vulnerable Children Act 2014.

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| Signed by [Resource Provider] in the presence of: |    |
|   Signature of witness  Name of witness  Occupation  Address |  |