National Disability Insurance Scheme

**Provider Portal User Access Form**

1. **Background**

Organisation Name: Registration Number:

User First Name: User Last Name:

Existing User? (Please Circle) YES NO

****

Kyeema Support Services Inc

**(D) Personal Details**

Verified

Completed

Received

**National Disability Insurance**

**Agency Use only**

16132524

**(E) User Acceptance of Terms of Use** I accept the Provider Portal Responsibilities and Terms and Conditions (see overleaf) attest that the above details are correct.

Mother’s Maiden Name

Alternative Phone Number

Contact Phone Number

Preferred Name

Email Address

**(B) What would you like to do?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Add a New User (Complete Sections A-F) |  | Reset Activation Codes (Passwords) (Complete Section D and E) |  | Remove User in Section A (Go to Section F) |  |
| Change Existing User Role (Complete Section C, E and F) |  | Change Existing User Details (Complete Sections D-F) |  |  |  |

**(C) User Role: Select one or more from the Following List:**

Organisation Address Line 2

Post Code

**(F) Organisation Chief Executive Officer (CEO) or Delegate Approval (Users DO NOT sign own form, unless sole trader)**

I approve this request and verify that these details are correct.

Contact Number

Organisation Address Line 1

Date

Signature

Name - Please Print

Name - Please Print

Date

Signature

Position

Title

Last Name

First Name

|  |  |
| --- | --- |
| Staff Read (Read Only) |  |
| Manager Read (Read Only) |  |
| Senior Administrator (Read/Write access) |  |
| Claims Administrator (Read/Write access) |  |
| Case Worker (Read only Participant access). |  |

# Completing the NDIS Provider Portal User Access Form

The **Provider Portal User Access Form** allows you to arrange access to the NDIS Provider Portal for a new staff member or to change access for an existing staff member. Below are instructions on how to complete the appropriate boxes on the Form.

|  |  |
| --- | --- |
| **Box** | **Requirements** |
| (A) Background | You must complete all fields and select either Yes or No for the “Existing User Question” or your form will be rejected. The Registration Number is the Provider Registration number of the certificate of registration. |
| (B) What would you like to do? | Select the check box to the right of the best option. If all check boxes remain empty the form will be rejected. |
| (C) User Role | At least one role must be selected. If no roles are selected the form will be rejected. See the Fact Sheet: **Managing user access to the Provider Portal** for more information on which roles to select. |
| (D) Personal Details | Complete these details if you are a new user, you wish to change your personal details or reset your password. |
| Challenge Question | You will be required to enter an answer to the **Mother’s Maiden Name** Challenge question. This is so your identity can be verified when you talk to the helpdesk. Your form will be rejected if this field is not completed. |
| (E) User Acceptance of Terms of Use | The Terms of Use are outlined below. This section must be completed unless a user is being removed. |
| (F) Organisation Chief Executive Officer (CEO) or Delegate Approval (Users DO NOT sign your own form) | Please ensure all fields are completed .The address must be a Street Address, not a Postal Address. If any of these boxes are left blank, it will delay system access. This section must be signed by someone in a position of authority in the organisation. |

# Your Privacy

The NDIA is collecting your personal information on this form in order to authorise NDIS Providers to access the Provider Portal. Any personal information you provide to the NDIA is protected under the *National Disability Insurance Scheme Act 2013* (Cth) and the *Privacy Act 1988* (Cth). You can ask to see what personal information (if any) the NDIA holds about you at any time and can seek correction of that information if it is wrong.

The NDIA will use your personal information to authorise NDIS Providers to access the Provider Portal. One of the consequences of failure to provide all the information requested is that your access will be delayed or not authorised.

Personal information may be disclosed to the Department of Social Services for the purpose of administering the Provider Portal. The NDIA will not use any of your personal information for any other purpose, or disclose your personal information to any other organisations or individuals including overseas recipients (other than set out above), unless authorised or required by law or you provide your consent to do so.

You can read the NDIA’s Privacy Policy at [www.ndis.gov.au/privacy](http://www.ndis.gov.au/privacy). This policy describes:

* how we will use your personal information
* reasons why some personal information may be given to other organisations from time to time
* how you can access the personal information we have about you on our system
* how you may complain about a breach of the Australian Privacy Principles and how the NDIA will deal with that complaint, and
* how you can seek correction of your personal information if it is wrong.

# Provider Portal User Responsibilities

It is the responsibility of all contracted employees of NDIS Registered Providers to ensure that the Provider Portal is properly secured and controlled and that the Provider Portal Security Policy is adhered to. All staff have a responsibility to ensure:

**Access Privileges** - Contracted employees of Providers must only access facilities that they have been authorised to use. No attempts are to be made to bypass or defeat the security systems nor to obtain the use of privileges issued to other contracted employees of Providers (e.g.: never use/share another person’s User ID/Auskey, never disclose your password). Individuals are personally responsible for any computer processing performed under their User ID/Auskey. Should security breaches of this type occur, the offending User ID(s) will be suspended pending an investigation. Access will be monitored by National Disability Insurance Agency (**NDIA**).

**Confidentiality of Passwords** – Personal passwords including challenge questions are regarded as sensitive and must be protected from disclosure and compromise.

**Software Security** -The copyright of software and the integrity of system configurations and software must not be violated.

**Data Transmission Security** - Only approved medium may be used to transmit data, including the use of encryption where required.

# Terms and Conditions of Use

These are a summary of the relevant terms and conditions for access to the Provider Portal. Any unauthorised and intentional access, destruction, alteration, addition or impediment to access or usefulness of personal information stored in any computer in the course of system use is an offence under the *Crimes Act 1914* and *Criminal Code Act 1995* which may attract a substantial penalty, including imprisonment.

**Promoting efficient, effective and ethical use of IT resources** – use of the NDIA’s computing facilities for unauthorised purposes including; illegally accessing a computing service, down loading or distribution of inappropriate, undesirable or offensive material may result in court prosecution.

**Reporting Lapses of Security** - Any known or suspected attempts to breach the User Responsibilities specified above must be reported immediately to the NDIA’s Helpdesk on freecall 1800 800 110

**Provider Portal Helpdesk ⧫** Phone 1800 800 110 **⧫** email provider.support@ndis.gov.au **⧫** 9am to 5pm EST Mon to Fri