

## Barwon Health – Request for Password Change

**Return this form via Facsimile: F. 4215 0444**

*Barwon Health is obliged under the Health Records Act 2001 to ensure the Organisation complies with relevant privacy, confidentiality and security legislation – to protect our clients; our staff; and our organisation. As part of this, individuals accessing Barwon Health electronic records (including bmiViewer and Synapse) are required to meet the new 10 digit password requirements.*

Clinician Name: \_\_\_\_\_

Organisation/Clinic: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

*(Note: confirmation of change of password will be sent to this email address)*

Provider no: \_\_\_\_\_ OR

Clinical Support Role: \_\_\_\_\_

Please tell us your preferred password. **It must be:**

- A minimum of **10 characters**
- At least **one lower case** letter
- At least **one upper case** letter
- At least **one number**
- **Cannot contain your name**

Preferred Password:

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(Covered by confidentiality agreement – this documentation will be destroyed on completion of your account set-up)

Signature \_\_\_\_\_

Date: \_\_\_\_\_

***Once faxed – please destroy in confidential waste***