



Barwon Health – Passphrase Request Form

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 13 digit passphrase (password) requirements.

Clinician Name: _____

Organisation/Clinic: _____

Address _____

Clinician Personal Mobile Phone: _____
(two factor identification message may be initiated)

Clinician Personal Email Address: _____
(Note confirmation of change of passphrase will be sent to this email address)

Provider no: _____ OR

Clinical Support Role: _____

Please tell us your preferred Passphrase. It must be:

- A minimum of 13 characters
- No upper case or number requirements
- Cannot contain your name
- Think passphrase rather than password (try 3 random words e.g. "wateroceansun")

Preferred Passphrase:

(no spaces – may be more than 13 characters)

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

Signature: _____ Date: _____

Once faxed – please destroy in confidential waste.