

Primary Care Reimbursement Service Security Certificate Requisition Form Primary Care Contractor (PCC) v1.5

Information and Data Protection Notice

- 1. A security certificate is required to authenticate your electronic communications with PCRS, e.g. electronic claim submissions.
- 2. Security certificates can issue on the basis of provisional contract numbers. Full contract setup is required for reimbursement.
- 3. The latest version of this form is always available on online services section at www.pcrs.ie. Please check the version number at the top right of this document. Requisitions must be made on the latest version of the form.
- 4. Please use BLOCK CAPITALS and complete all sections. <u>Mobile Number is mandatory</u>. Forms which cannot be processed will be returned to sender by post.
- 5. **Data Protection Notice:** Personal data collected by the HSE is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Part 1: Requisition Type																														
Additional: In cases where a first or second etc. computer is to be configured to communicate with PCRS. Replacement: In cases where the PCC had a certificate for which a replacement is now required. Standard: Secure codes will be dispatched by post within 5 working days from receipt. Requisitions must be received at PCRS by the 15th of each month . Emergency: Secure codes will be issued by email directly to a PCC and only if the requisition can be verified. If an email address is not available, an emergency requisition will not be processed.																														
Please Insert "Add	litior	าal"	or	"Rep	lace	me	nt"																							
Please Insert "Standard" or "Emergency"																														
If emergency, state the reason. This will be reviewed and the requisition processed as an emergency only in certain cases. Late applications are not treated as emergencies.															'n															
Part 2: Applica	ant'	s D)et	ails																										
PCC Number:												PCC Stamp																		
Trading Name:																														
First Name:																														
Surname:																														
Phone Number:																														
Mobile Number:		\perp										PCC /	٩dc	lres	s:															
Fax Number:		\perp																												
PSI/MC Number:		_																												
VAT Number:		\perp																												
E-mail Address:		\perp																						\perp	L	L		\perp		
Please note that the details above are mandatory and are used to verify the requisition from a security perspective. The PSI number / Medical Council number of the PCC is required.															31															
Part 3: Declara	atio	n																												
I the primary care contractor am seeking to be provided with a security certificate which will allow my computer system to communicate with the PCRS. I ensure that all appropriate physical security arrangements are in place regarding my computer infrastructure (e.g. personnel access to and use of it). I ensure that secure arrangements are made to destroy old computer infrastructure as it is replaced. I have appropriate contractual arrangements in place from a security point of view with any third parties who assist with my computing infrastructure.														iy ld																
Signature:													[Dat	ed:			d	d		m		m	1	/	У		У)	/
Please scan and email the completed, signed and stamped form to cert.info@hse.ie . Alternatively, post the form to; IT Operations, Primary Care Reimbursement Service, Exit 5 M50 North Road Finglas, Dublin 11. Faxed forms not accepted.																														