

## **NRR Information Security Policy**

### **Introduction**

This document has been produced to ensure that:

- A higher level of security in terms of patients' information confidentiality, centre confidentiality, integrity and availability of data information is maintained at all time.
- All Source Data Producers (SDP) and site coordinators are aware of their authority and accountabilities as stated in the NRR Authorization Form.

### **Management**

#### **A) User Level**

1. Do not disclose your user ID or password to anyone else
2. Do not give your mobile phone to anybody else while logging into the web application.
3. Log in the pin number immediately after receiving the number via SMS.
4. Users are responsible to update/edit their own center data.
5. Should the user lose his/her mobile phone or change a new mobile phone number, he/she should inform the Doctor in-charge who shall than officially inform the NRR coordinator via web. (Document: User – Change Details Link)
6. Should the user forget his/her password, please login at the **Forgot Your Password** at the main page of the web application. It is compulsory for user to provide correct registered login 'User Name' and 'e-mail address' or 'mobile phone' for verification. The password will be sent via mobile phone.
7. Please read password management as per Appendix A (Security Practices)

#### **B) Centre/Institution Level**

1. Agree to allow other authorized users within the same institution as per Authorization List for their specific responsibilities.
2. Ensure that your database is updates regularly to maintain its real-time accuracy.
3. Agree to share aggregate data from your centre for the purpose of research by qualified researchers, or for any other purpose by persons demonstrating a need to access the NRR web application (s) following approval by the NRR Advisory Committee.
4. The SDPs hold sole responsibility with regards to release of own patients' data to any party concern. NRR would appreciate a notification of the purpose and details where applicable.

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### **USER AGREEMENT**

To:  
Chairman  
National Renal Registry  
Malaysian Society of Nephrology

**Sir/Madam:**

I, ..... here by **ACKNOWLEDGE AND ACCEPT** that my access and use of the NRR Web Application (s) shall be governed by this Security Policy. These are my mobile phone No.:..... and e-mail address:.....

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Designation)

\_\_\_\_\_  
(NRIC)

\_\_\_\_\_  
(Official Stamp)

\_\_\_\_\_  
(Date)