# Secure Messaging Application Form

HealthLink secure messaging software is used for the secure exchange of patient information. Please complete this form and email it to register@healthlink.net or **print it out and fax to 02 8014 7614** so that we can arrange for registration of the account and schedule a HealthLink representative to assist with the installation at your practice.

Practice Name _____ Phone _____

Physical Address _____ Fax _____

Postal Address _____ HPI-O _____

Email Address _____

Main Contact _____ Position _____

☐ Use of the HealthLink Secure Messaging client is subject to the Terms of Use and Master Service Agreement that can be found at http://www.healthlink.net/en_AU/about-us/terms-of-use. By ticking the box on the left, the authorised representative, as documented below, of the applicant is agreeing on behalf of the Applicant to abide by the Terms and Conditions of Use and the Master Service Agreement.

Authorised by _____ Position _____ Date _____

| **Operating System** | **Clinical Software *** |
|---|---|
| | CorePlus |

**Provider Information**

| Doctors Name | Specialty | Provider No | HPI-I |
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* Compatible clinical software which supports electronic messages as HL7 (Health Level 7) or PIT (Pathology Information Transfer) is required. Please check with a HealthLink Customer Support Officer if you are unsure of the capabilities of your system.