

Secure Messaging Application Form

Healthlink secure messaging software is used for the secure exchange of patient information. Please fill out this form, **PRINT** then FAX to **07 4401 5652** so that we can arrange for a Healthlink representative to install this software at your practice.

If you already use Healthlink but want to send us updated information please indicate below and fax.

Date		∏ I a	ready have Healthlink	Healthlink account —		
Practice Name			Practice	Phone		
PO Box				Practice Fax		
Address						
Email Address	ess					
Nain Contact			Authorised by			
Position			Signature —			
Operating System			Clinical Software *			
O/S	Version	Software			Version	
		Provider Info	ormation			
Doctors Name Speci		ality	Provider No		HPI-I	
	_					

The data in this form cannot be saved and must be printed prior to closing. You may print this completed form as a PDF if you wish to email to request@healthlink.net

* Compatable clinical software which supports electronic messages as HL7 (Health Level 7) or PIT (Pathology Information Transfer) is a required. Please check with your software vendor if you are unsure.