Receiving PathWest Electronic Reports - HealthLink Account Application Form

Purpose:

This form is to be used by Medical practices and organisations to:

- Register for a HealthLink account to receive electronic pathology reports from PathWest
- Add or remove recipient to HealthLink Secure Messaging
- Switch PathWest hard copy reports on or off for the practice or organisation

Note: All pages must be completed and signed by an authorised representative of the practice or organisation.

1. Organisation Type

Please select your organisation type:

- ☐ Specialist/Ward/Outpatient Clinic
- ☐ GP practice
- ☐ Allied Health Clinic
- ☐ Other (please specify) _____

2. Practice Management System / EMR Compatibility

Are you currently using a Practice Management System (PMS) or Electronic Medical Record (EMR) systems?

- ☐ No
- ☐ Yes (please specify and name the system) _____

3. Preferred Delivery Method for PathWest Results

- ☐ HealthLink – Electronic Results (Secure Messaging)
- ☐ Faxed Hard Copy Results (Please provide your fax number) _____

4. Organisation's Details

Company Name	
Trading Name	
Australian Business Number (ABN)	
Health provider identifier organisation number (HPI-O)	
Physical Address	
Postal Address	
Phone	
Fax	
Email Address	

5. Authorised Representative Details (Primary contact person for the organisation regarding this application)

Full Name	
Phone number	
Email Address	
Position or Title	
Additional Information	

6. IT Support Contact Details

IT Support Name	
Contact Telephone	
Contact Mobile	
IT Support Email	

7. Provider / Applicant Information

Provide details for each practitioner or applicants who will require access to electronic results under your organisation's HealthLink account. (Enter 'N/A' if not applicable.)

Tick the appropriate boxes to indicate:

- Whether you are adding or removing the practitioner or applicant, or
- Whether you are switching off hard copy (faxed) reports.

Note: Removing a practitioner or applicant means they are no longer working at the site and their report access will be deactivated.

Add, Remove or switch off Hard Copy Faxed Results			Practitioner/Applicant Name	Medicare Provider Number	AHPRA Medical Registration Number	After Hour High-Risk Result Communication Contact Number	Contact Email Address
Add New	Remove Existing	No Hard Copy					
☐	☐	☐					
☐	☐	☐					
☐	☐	☐					
☐	☐	☐					
☐	☐	☐					
☐	☐	☐					
☐	☐	☐					
☐	☐	☐					
☐	☐	☐					
☐	☐	☐					

8. Declaration

I, the authorised representative of the organisation listed above, declare the following:

☐ I agree that the use of the HealthLink Secure Messaging service is subject to the Terms of Use and Master Service Agreement, available at: https://au.healthlink.net/terms .

☐ I agree on behalf of the listed practitioners/applicants, to comply with the Terms of Use and Master Service Agreement.

☐ I authorise the switch-off of hard copy reporting, for the practice/site (including future practitioners/applicants).

☐ I will notify PathWest of any changes to the information provided in this application within two (2) weeks.

Authorised Representative's Full name	Authorised Representative's Signature (Authorised to sign on behalf of the applicants)	Date

9. For Application Submission and Technical Support

- **Email: PathWest IT - PathWest Electronic Results Support**
  pathwestelectronicresultssupport@health.wa.gov.au
- **Phone number:** (08) 6383 4900
- **General enquiries:** Call 13PATH