

CareInsight Installation and Participation Agreement

Each practice/pharmacy allowing its patients' records to be accessed must have this form signed by a person authorised to make this agreement.

Terms:

1. This practice/pharmacy agrees that its records can be accessed by individuals/organisations that have CareInsight "Lookup" access.
2. This practice/pharmacy understands that any person accessing its patient information will abide by the rules set out in the New Zealand Health Information Privacy Code.
3. This Practice/Pharmacy will monitor all incoming messages relating to use of the CareInsight service and will immediately report any use of the service that it believes is improper.

Site Information	
1. Practice/Pharmacy Name:	
2. Practice/Pharmacy Contact (<i>person responsible for practice systems</i>) Contact Name: Contact Phone Number: Contact Email:	
3. Third Party IT Support (<i>if you use an external party for your practice systems and network</i>) Contact Name: Contact Phone Number: Contact Email:	
4. Whom would you like us to contact for the CareInsight install?	<input type="checkbox"/> Practice/Pharmacy Contact <input type="checkbox"/> IT Support Contact
5. Which Practice/Pharmacy software is used? (Please include version number)	
6. If you are on the HealthLink network, please indicate your HealthLink EDI	
7. Where is your Practice/Pharmacy software installed?	<input type="checkbox"/> On a server within the Practice/Pharmacy <input type="checkbox"/> With a third party hosting company (Please provide details below)
8. Do you have HealthLink SecureIT or Telecom SecureME installed?	<input type="checkbox"/> HealthLink SecureIT <input type="checkbox"/> Telecom SecureME <input type="checkbox"/> Other _____
Authorization	
I authorise the request and installation for CareInsight for this Practice/Pharmacy:	
Signature	
Name in print	
Position	
Date	

Additional Installation Information

1. The CareInsight installation is done over the phone with remote access and will take 15-30 minutes.
2. Please send this completed form to **HealthLink Deployment Team** by fax **0800 288 885** or by email **deployment@healthlink.net**.
3. The HealthLink Deployment Team will be in contact to organise a mutually convenient schedule to install the CareInsight service.
4. The CareInsight software will be deployed on the server that your Practice/Pharmacy system/database is situated.