Helix Secure Messaging Application

THIS APPLICATION FORM IS SPECIFICALLY FOR USE TO APPLY FOR A HEALTHLINK MESSAGING ACCOUNT IN CONJUNCTION WITH YOUR HELIX SOFTWARE.

Please complete the Form below and return via Fax to **(02) 8014 7614** or email **request@healthlink.net**

Date:_____ Current HealthLink EDI:_____

Legal Name:_____

Trading Name: _____

Practice Phone: (____)_____ Practice Fax: (___)_____

Physical Address:_____

Contact Person:_____ Position:_____

Practice Email: _____

HPI-O:_____ Helix Go Live Date:_____

Clinical Software: **HELIX**

Operating System:

☐ 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:_____

HEALTH PROVIDERS DETAILS

Title	First Name	Last Name	Specialty	Provider Number