



QUICK START GUIDE

HealthLink Technical Support

helpdesk@healthlink.net
1800 125 036

Contact

If you have questions relating to the Approval to Prescribed Controlled Medicines Application, please contact:

hps@act.gov.au
02 6205 1700



Certainty
in Care

APPLICATION FOR ACT APPROVAL TO PRESCRIBE CONTROLLED MEDICINES

The electronic approval to prescribe controlled medicines application has been designed to make it easier for you to seek approval for your patients electronically. This quick start guide has been developed to help you access and complete the form from the MyHealthLink portal.

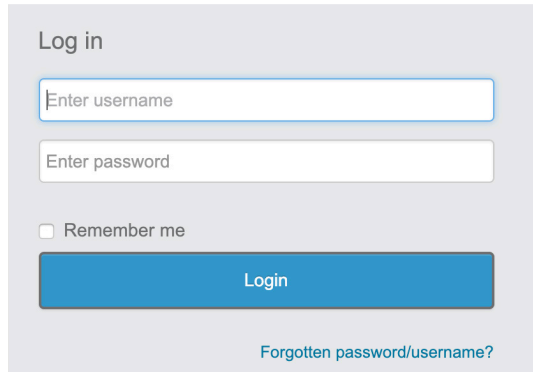


ACT
Government
Health

1. Log into MyHealthLink

You can access MyHealthLink via the <https://myhealthlink.net> URL. Enter your MyHealthLink username and password and select the **Login** button.

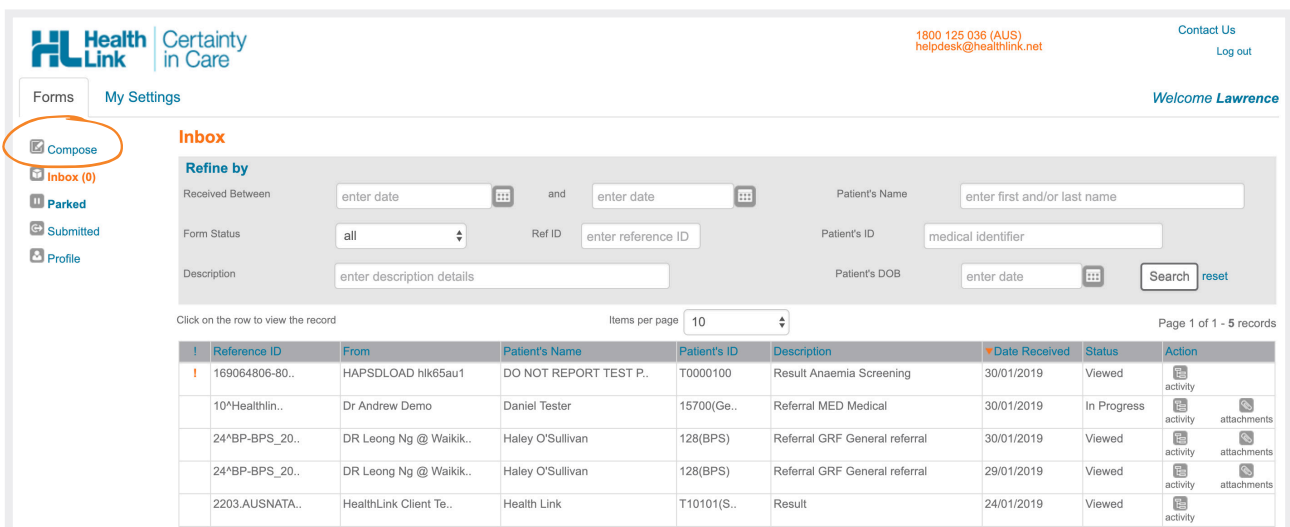
On login, you will be presented with the Inbox. If you have received any messages, they will be listed here. Please refer to the **Portal Inbox** edition for more information.



Note - 1: a pop-up may appear asking you to select a valid certificate. To submit messages in MyHealthLink Portal, you will need to select the Certificate you were supplied during the registration process.

2. Go to the form's home page

Select the **Compose** menu option. The services you are registered for will be presented.



Compose

Inbox

Refine by

Received Between: [enter date] and [enter date]

Form Status: [all]

Ref ID: [enter reference ID]

Description: [enter description details]

Patient's Name: [enter first and/or last name]

Patient's ID: [medical identifier]

Patient's DOB: [enter date]

Search reset

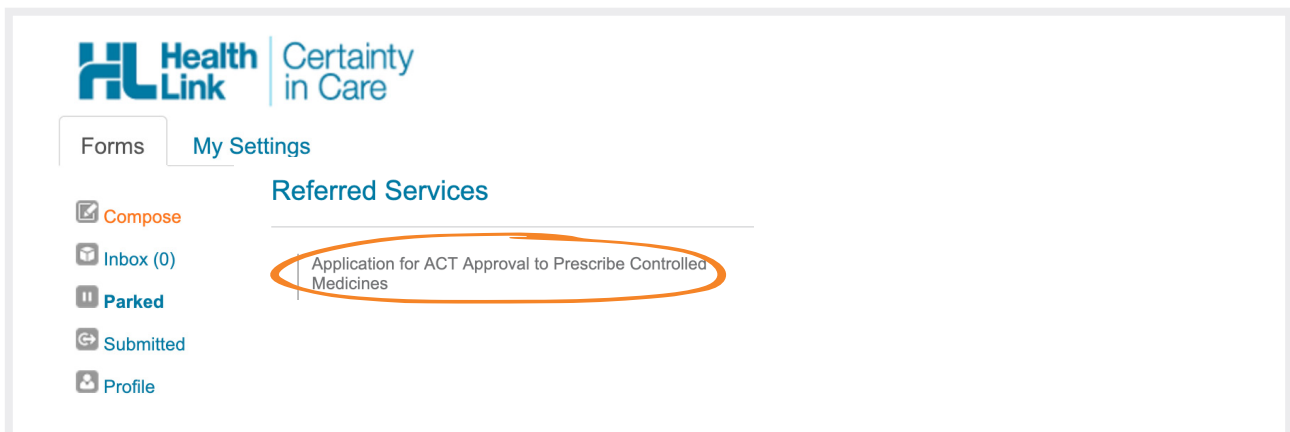
Click on the row to view the record

Items per page: 10

Page 1 of 1 - 5 records

Reference ID	From	Patient's Name	Patient's ID	Description	Date Received	Status	Action
169064806-80..	HAPSDLOAD hik6Sau1	DO NOT REPORT TEST P..	T0000100	Result Anaemia Screening	30/01/2019	Viewed	activity
10*Healthlin..	Dr Andrew Demo	Daniel Tester	15700(Ge..	Referral MED Medical	30/01/2019	In Progress	activity attachments
24*BP-BPS_20..	DR Leong Ng @ Waikik..	Haley O'Sullivan	128(BPS)	Referral GRF General referral	30/01/2019	Viewed	activity attachments
24*BP-BPS_20..	DR Leong Ng @ Waikik..	Haley O'Sullivan	128(BPS)	Referral GRF General referral	29/01/2019	Viewed	activity attachments
2203.AUSNATA..	HealthLink Client Te..	Health Link	T10101(S..	Result	24/01/2019	Viewed	activity

Under the Referred Services section within the HealthLink Homepage, click on the form that you want to open.

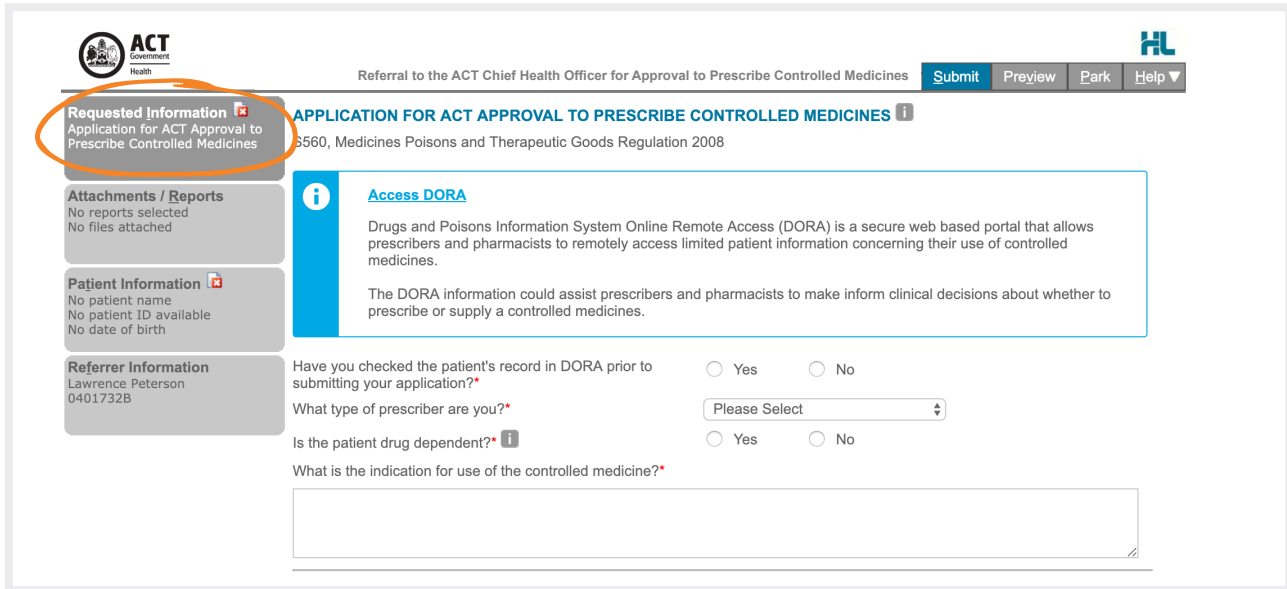


Referred Services

Application for ACT Approval to Prescribe Controlled Medicines


3. Complete the Form

The form will be displayed for you to complete. You can Park the form to save that is in progress. Depending on the selections you've made, additional fields will appear allowing you to include the relevant information necessary.




ACT Government Health


Referral to the ACT Chief Health Officer for Approval to Prescribe Controlled Medicines **Submit** **Preview** **Park** **Help**

Requested Information 
Application for ACT Approval to Prescribe Controlled Medicines


Attachments / Reports
No reports selected
No files attached

Patient Information 
No patient name
No patient ID available
No date of birth


Referrer Information
Lawrence Peterson
0401732B

APPLICATION FOR ACT APPROVAL TO PRESCRIBE CONTROLLED MEDICINES 
S560, Medicines Poisons and Therapeutic Goods Regulation 2008

Access DORA
Drugs and Poisons Information System Online Remote Access (DORA) is a secure web based portal that allows prescribers and pharmacists to remotely access limited patient information concerning their use of controlled medicines.
The DORA information could assist prescribers and pharmacists to make inform clinical decisions about whether to prescribe or supply a controlled medicines.

Have you checked the patient's record in DORA prior to submitting your application?  ☐ Yes ☐ No

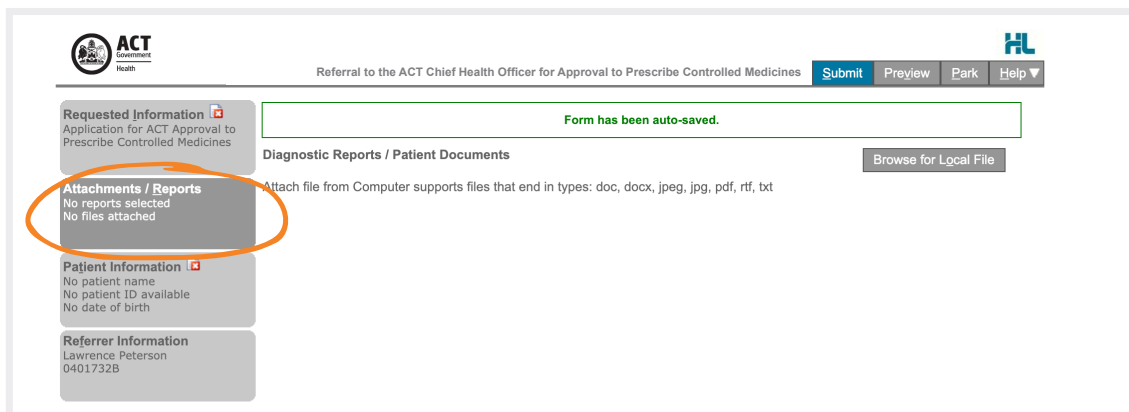
What type of prescriber are you?

Is the patient drug dependent?  ☐ Yes ☐ No

What is the indication for use of the controlled medicine?*


4. Include the relevant attachments

The **Attachments / Reports** tab will enable you to attached supporting documents for the application. You can browse for files stored in your local drive by clicking on the **Browse for Local File** button.




ACT Government Health

Referral to the ACT Chief Health Officer for Approval to Prescribe Controlled Medicines **Submit** **Preview** **Park** **Help**

Requested Information 
Application for ACT Approval to Prescribe Controlled Medicines

Attachments / Reports
No reports selected
No files attached

Patient Information 
No patient name
No patient ID available
No date of birth

Referrer Information
Lawrence Peterson
0401732B

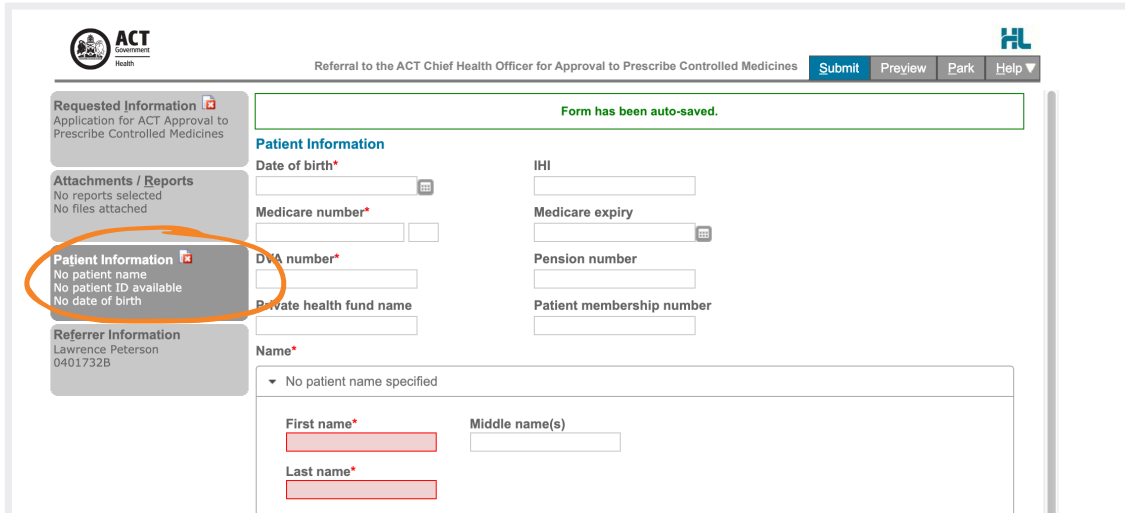
Form has been auto-saved.

Diagnostic Reports / Patient Documents **Browse for Local File**

Attach file from Computer supports files that end in types: doc, docx, jpeg, jpg, pdf, rtf, txt

5. Ensure patient and referrer information is correct

With the **Patient Information** and **Referrer Details** tabs, you need to ensure that the information is correct. If a piece of required information is incorrect, the form will notify you to complete or correct it.



ACT Government Health

Referral to the ACT Chief Health Officer for Approval to Prescribe Controlled Medicines

Submit Preview Park Help

Requested Information Application for ACT Approval to Prescribe Controlled Medicines

Attachments / Reports No reports selected No files attached

Patient Information No patient name No patient ID available No date of birth

Referrer Information Lawrence Peterson 0401732B

Form has been auto-saved.

Patient Information

Date of birth* IHI

Medicare number* Medicare expiry

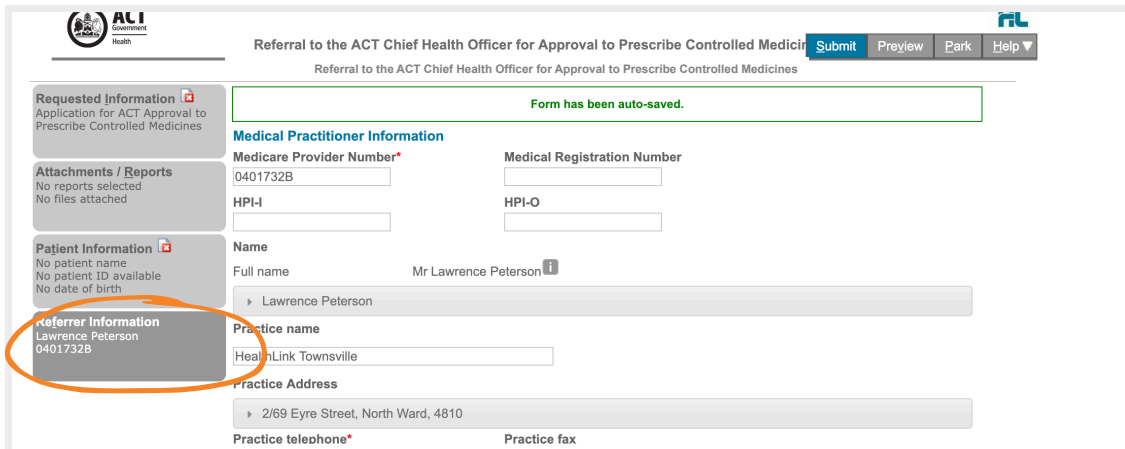
DVA number* Pension number

Private health fund name Patient membership number

Name* No patient name specified

First name* Middle name(s)

Last name*



ACT Government Health

Referral to the ACT Chief Health Officer for Approval to Prescribe Controlled Medicines

Submit Preview Park Help

Requested Information Application for ACT Approval to Prescribe Controlled Medicines

Attachments / Reports No reports selected No files attached

Medical Practitioner Information No patient name No patient ID available No date of birth

Referrer Information Lawrence Peterson 0401732B

Form has been auto-saved.

Medical Practitioner Information

Medicare Provider Number* Medical Registration Number

HPI-I HPI-O

Name Full name Mr Lawrence Peterson

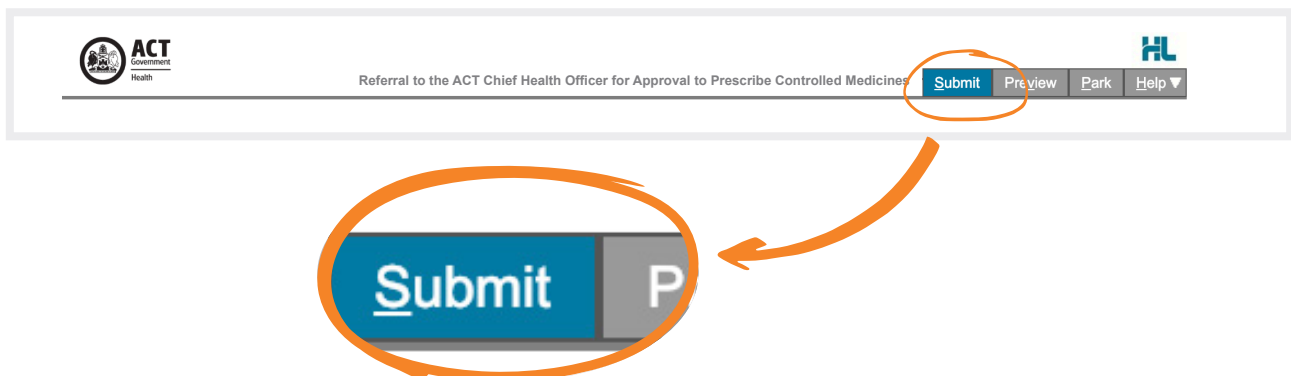
Practice name HealthLink Townsville

Practice Address 2/69 Eyre Street, North Ward, 4810

Practice telephone* Practice fax

6. Submit your Form

Click on **Submit** when you are ready to send your form. This will safely and securely send the form electronically via HealthLink and you will see a copy of the completed form containing an acknowledgement of receipt.



If needed, you can print a copy by right-clicking on any area of the submitted forms and choosing **Print**.
Note that it is not necessary for the printed copy to be sent or taken to the hospital.

Referral Sent and Acknowledged on 04/09/2018 14:32 NZST

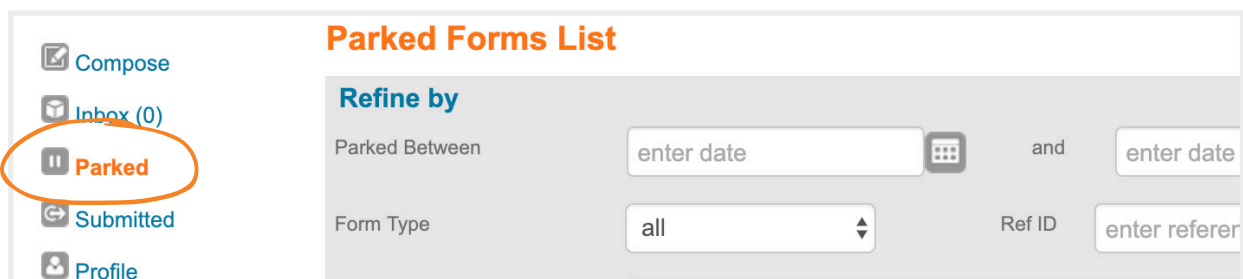
Referral to the ACT Chief Health Officer for Approval to Prescribe Controlled Medicines

Patient: MICKEY MOUSE, 19yrs, M, DOB 22/02/1999, PH: 021021021, Wrk 09 2342322, Hme 09 5353222
Residential address: 95 Pitt Street, Apartment, Sydney, NSW 2000
Postal address: 9600 Pitt Street, Apartment, Sydney, NSW 2000
Referred by: Sam Entwistle, Millstone Family Practice, Prov. No. 889843, PH 09 358 0116, FAX 09 4433456
Referral date: 04/09/2018 14:32 NZST

Hints & Tips

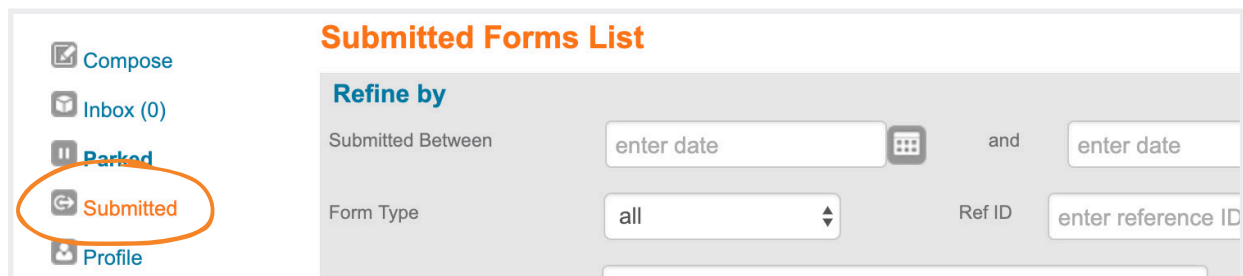
a. Access parked forms

If your attention is required elsewhere, you are to park the form to save your progress to complete later. The park form can be found in the Parked Forms list (select **Parked** on the menu options).



b. Access submitted forms

A copy of the submitted form can be found in the Submitted Forms list (select **Submitted** on the menu options).



To learn more, please call customer support on 1800 125 036 or email helpdesk@healthlink.net.

To learn more about how HealthLink can help you exchange patient information quickly, reliably and securely, contact customer service on 1800 125 036.

HealthLink

Level 17, 9 Castreagh Street, Sydney NSW 2000
helpdesk@healthlink.net | www.healthlink.net

