



Quick Start Guide

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 navigate within the new digital form.

CONTACT

If you require further technical support please contact:

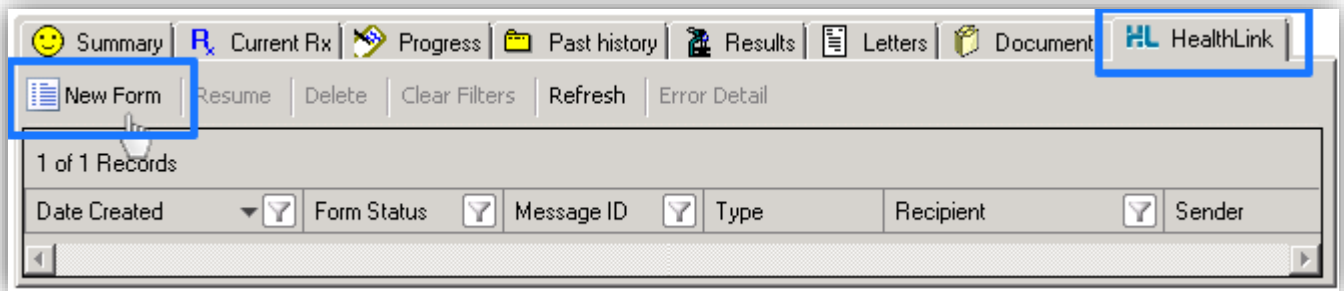
HealthLink
helpdesk@healthlink.net
1800 125 036

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

HPS@act.gov.au
02 6205 1700

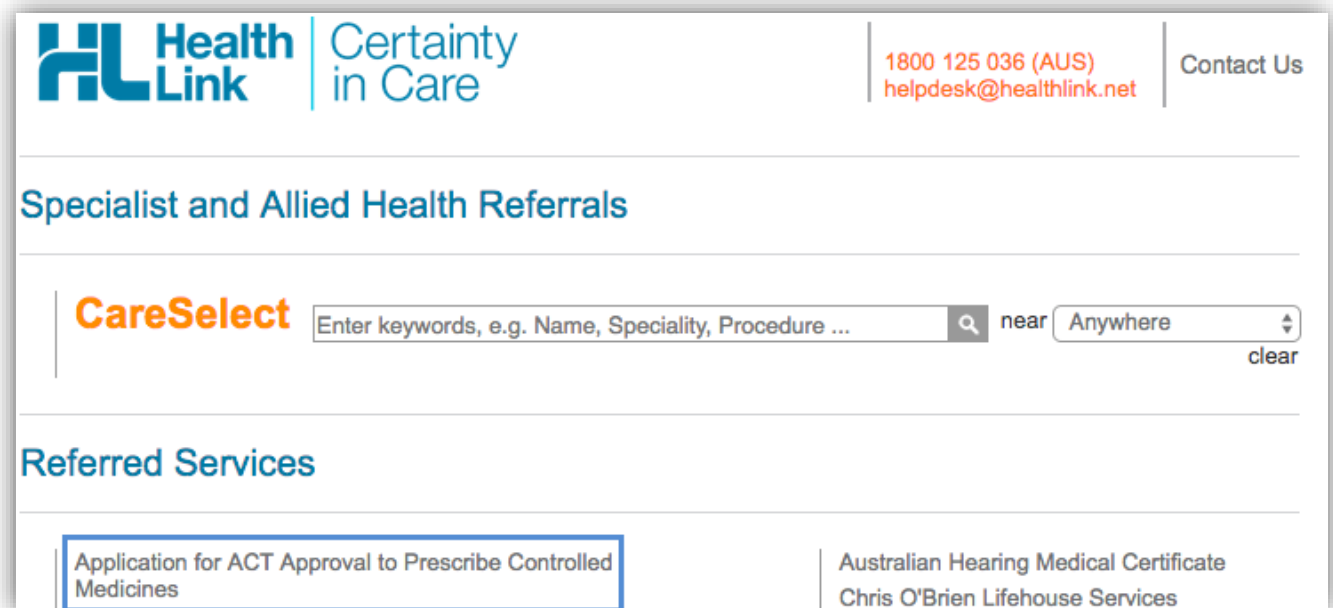
1. Open the patient record

Search for the patient and open their electronic medical record. Select the HealthLink tab and click on the 'New Form' option to access the HealthLink launch page.



2. Launch the Form

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



3. Complete the Form

The form will be displayed. At this point, you will have access to all the information necessary to complete the form for submission. If you need to do something else, you can 'Park' the form to save what you've currently done so far.

Requested Information
Application for ACT Approval to Prescribe Controlled Medicines

Attachments / Reports
No reports selected
No files attached

Patient Information
MICKEY MOUSE
800360234568835
22/02/1999

Referrer Information
Sam Entwistle
889843

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?*

Please tick if application is URGENT

PRESCRIBER DECLARATION (please tick)*

- I understand that the issue of an approval does not indicate Chief Health Officer support or endorsement of a proposed treatment.

- I declare that I am prescribing in accordance with the Controlled Medicines Prescribing Standards and that failure to do so may render me liable for enforcement action under the *Medicines Poisons and Therapeutic Goods Act 2008*.

- I declare I have discussed with the patient and they are aware that their personal information included this form may be shared with relevant health practitioners and/or other State or Territory Government officials in order to protect public health and safety, including monitoring and evaluating the supply of the requested medicine(s) to themselves, and to ensure compliance with the *Medicines, Poisons and Therapeutic Goods Act 2008*. The patient has been informed further information about the extent and purpose for which their information may be used or disclosed may be obtained via the [ACT Health website](#).

Depending on the selections you've made, additional fields will appear allowing you to include the relevant information necessary.

4. Include the relevant attachments

The 'Attachments / Reports' tab will give you access to all of the supporting documents that you may wish to attach to the form. You can select any item from the table – showing you patient medical records captured from the last six months. Or you can browse for files stored in Medical Director or in your local computer's file system.

Diagnostic Reports / Patient Documents

Attach file from EMR supports: jpeg, msword, pdf, plain text, rtf, tiff
Attach file from Computer supports files that end in types: doc, docx, jpeg, jpg, pdf, rtf, tif, tiff, txt

Attachments / Reports
No reports selected
No files attached

Caution: larger attachments may take significant time to preview

<input type="checkbox"/>	Date	Name	Comments	Type	Size	
<input type="checkbox"/>	04/10/2015	FBC_2950087891	comment	plain	1 KB	

5. Ensure patient and referrer information is correct

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

Please fix the following errors:

- Patient Date Of Birth is a required field

Patient Information

Medicare Number*
6288253443 1

Medicare Expiry

DVA Number


Date of birth*

IHI

Pension Number

6. Submit the 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

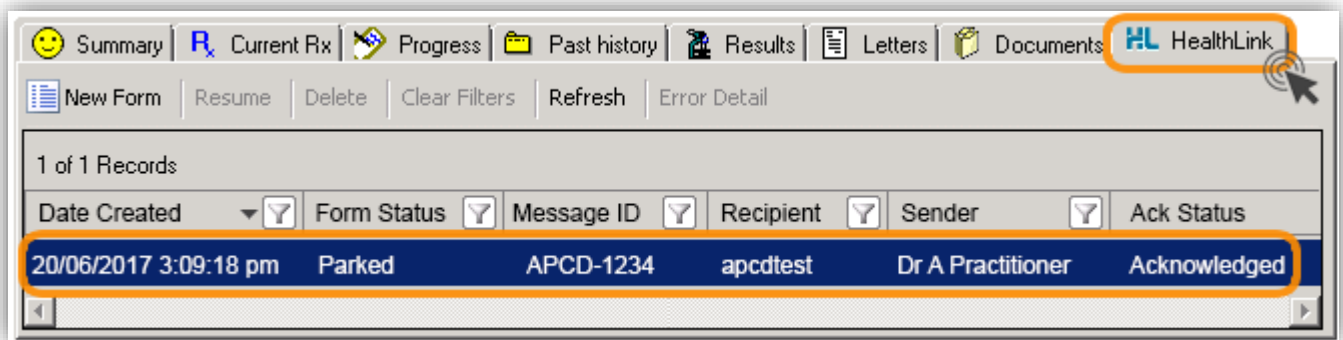
Referral to the ACT Chief Health Officer for Approval to Prescribe Controlled Medicines



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

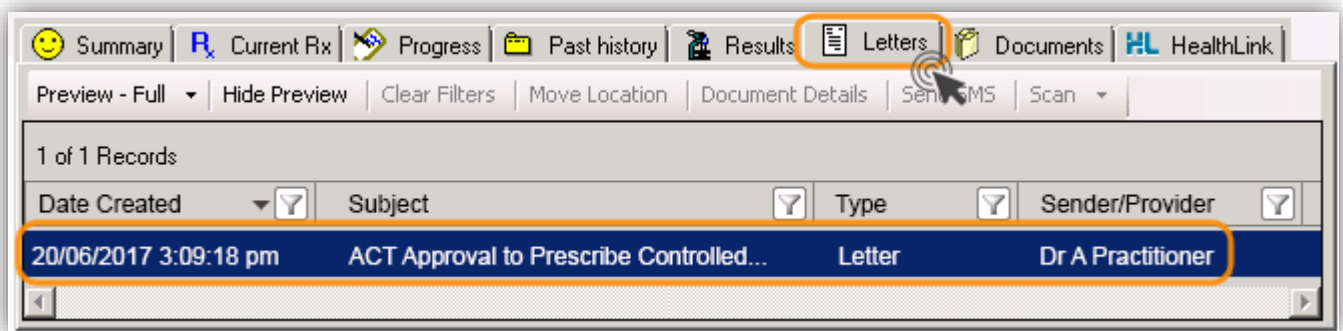
Accessing Parked Forms

To access a parked form from the patient's record, select the 'HealthLink' tab. From the available listing, double-click on the parked form you would like to open.



Accessing Submitted Forms

A copy of the submitted form can be found by selecting the 'Letter' tab. Double-click on the selected form to open it.



For all queries, please call the
HealthLink Customer Support Line:

Monday to Friday (except public holidays) 8am- 6pm
Phone 1800 125 036 Support email: helpdesk@healthlink.net



HealthLink
Level 3, 13-15 Teed Street
Newmarket, Auckland 1023
New Zealand

www.healthlink.net
helpdesk@healthlink.net

HealthLink helps over 30,000 healthcare practitioners deliver certainty in care by enabling them to exchange patient information quickly, reliably and securely.

1800 125 036 (AU)
0800 288 887 (NZ)