



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

 **HealthLink** | 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.

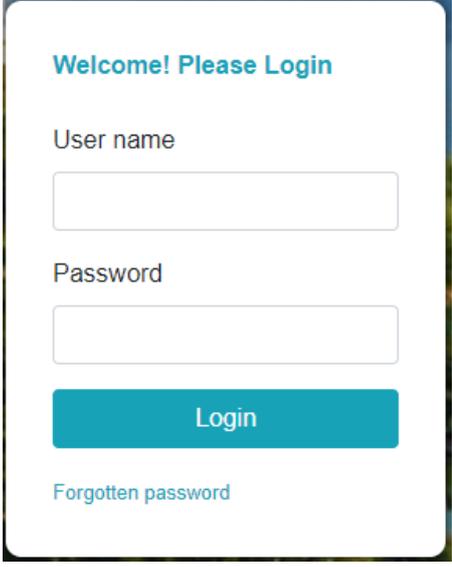


ACT
Government
Health

1. Log into MyHealthLink

You can access MyHealthLink by using your preferred web browser to go to <https://aportal.healthlink.net/hlkportal/login>. Enter your MyHealthLink username and password and select the **Login** button.

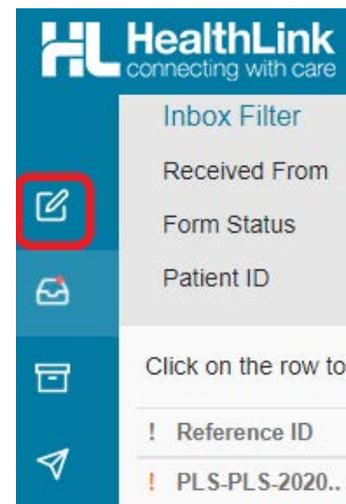
On login, you will be presented with the Inbox. If you have received any messages, they will be listed here. Please refer to the **MyHealthLink Portal** Quick Start Guide for more information.



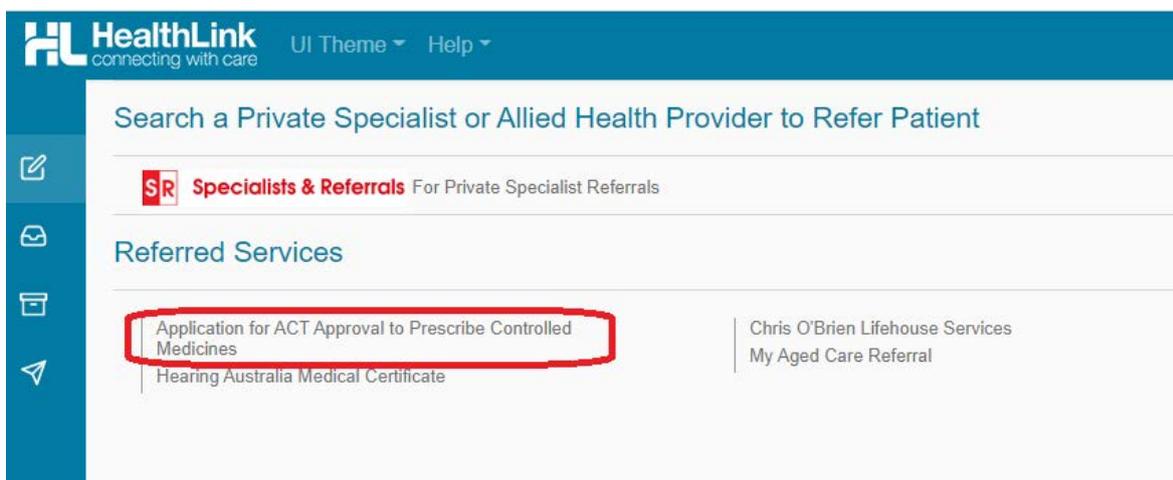
2. Go to the HealthLink Home Page

Select the **Compose** menu option.

The services you are registered for will be presented.



Under the **Referred Services** section within the HealthLink Homepage, click on the link for **Application for ACT Approval to Prescribe Contolled 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
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Patient Information No patient name
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Referrer Information Lawrence Peterson
0401732B

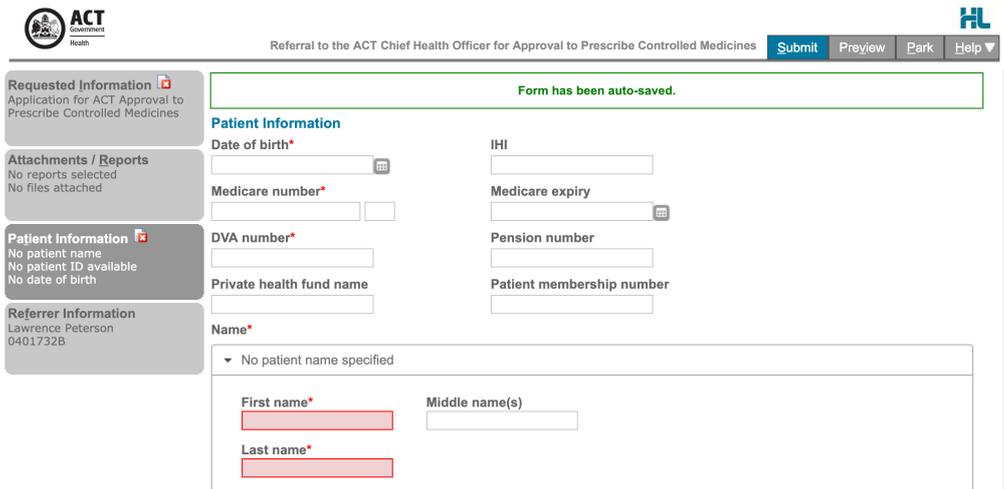
Form has been auto-saved.

Diagnostic Reports / Patient Documents

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* [input] IHI [input]

Medicare number* [input] Medicare expiry [input]

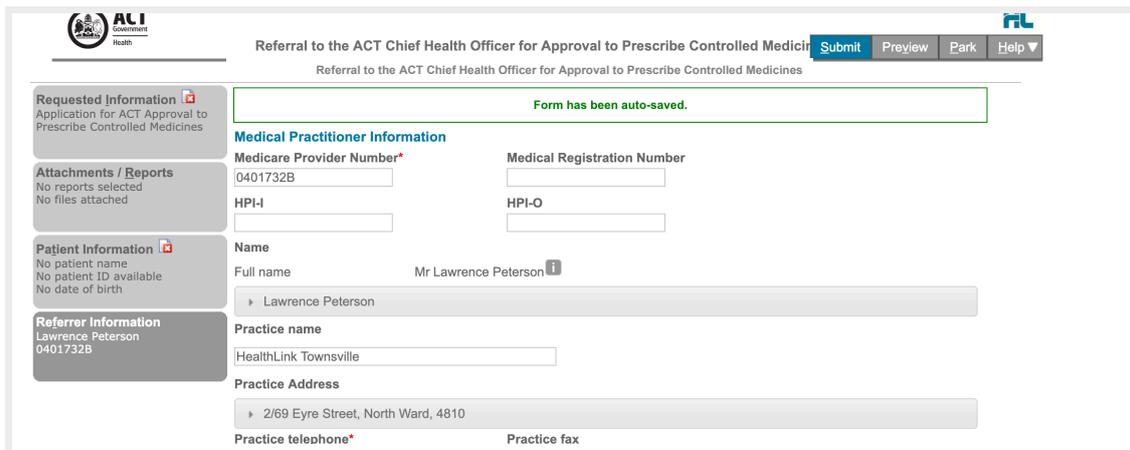
DVA number* [input] Pension number [input]

Private health fund name [input] Patient membership number [input]

Name*
 No patient name specified

First name* [input] Middle name(s) [input]

Last name* [input]



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.

Medical Practitioner Information

Medicare Provider Number* 0401732B Medical Registration Number [input]

HPI-I [input] HPI-O [input]

Name
 Full name Mr Lawrence Peterson

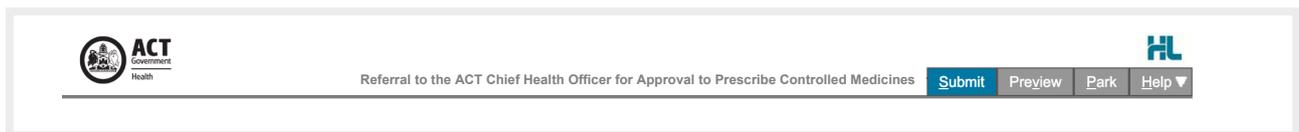
Practice name
 HealthLink Townsville

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

Practice telephone* [input] Practice fax [input]

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 acknowledgment of receipt.



The screenshot shows the top navigation bar of the HealthLink interface. On the left is the ACT Government Health logo. In the center, the text reads "Referral to the ACT Chief Health Officer for Approval to Prescribe Controlled Medicines". On the right, there are four buttons: "Submit" (highlighted in blue), "Preview", "Print", and "Help" (with a dropdown arrow). An orange arrow points from the "Submit" button in this screenshot to a larger, magnified view of the "Submit" button below.



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.

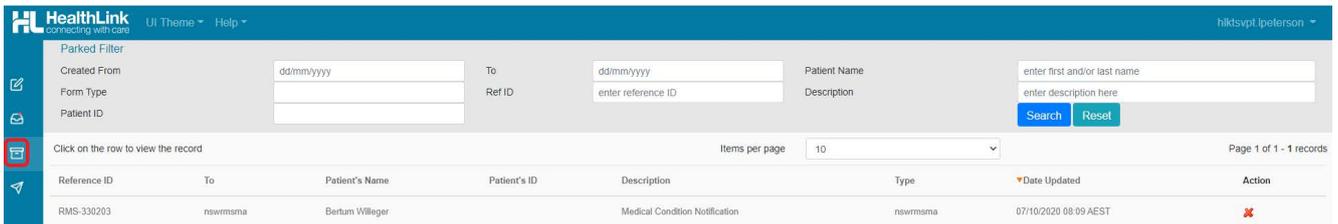


The screenshot shows a confirmation page for a submitted form. At the top right, it says "Referral Sent and Acknowledged on 04/09/2018 14:32 NZST". Below this, the title of the form is "Referral to the ACT Chief Health Officer for Approval to Prescribe Controlled Medicines". To the right of the title is the ACT Government Health logo. The form details are as follows:
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 parked form can be found in the Parked Forms list (select **Parked icon** from the left hand menu).



HealthLink connecting with care | UI Theme | Help | hiktspvlpeterson

Parked Filter

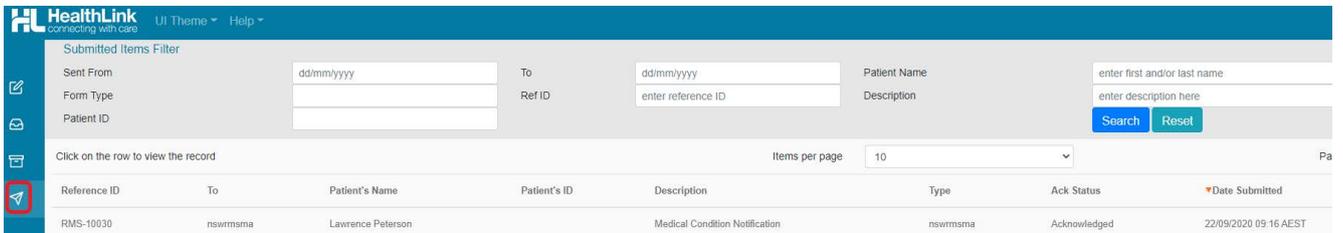
Created From: dd/mm/yyyy To: dd/mm/yyyy Patient Name: enter first and/or last name
 Form Type: Form Type Ref ID: enter reference ID Description: enter description here
 Patient ID: Patient ID Search Reset

Click on the row to view the record Items per page: 10 Page 1 of 1 - 1 records

Reference ID	To	Patient's Name	Patient's ID	Description	Type	Date Updated	Action
RMS-330203	nswrmsma	Bertum Williger		Medical Condition Notification	nswrmsma	07/10/2020 08:09 AEST	

b. Access submitted forms

A copy of the submitted form can be found in the Submitted Forms list (select **Submitted icon** from the left hand menu).



HealthLink connecting with care | UI Theme | Help | Pa

Submitted Items Filter

Sent From: dd/mm/yyyy To: dd/mm/yyyy Patient Name: enter first and/or last name
 Form Type: Form Type Ref ID: enter reference ID Description: enter description here
 Patient ID: Patient ID Search Reset

Click on the row to view the record Items per page: 10 Pa

Reference ID	To	Patient's Name	Patient's ID	Description	Type	Ack Status	Date Submitted
RMS-10030	nswrmsma	Lawrence Peterson		Medical Condition Notification	nswrmsma	Acknowledged	22/09/2020 09:16 AEST

To learn more, please call customer support on 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 | <https://au.healthlink.net>

