

Fax this application form to (07) 3624 8598

## USER DETAILS

Surname:	_____	Given Name:	_____
Preferred Name:	_____	Middle Name:	_____
Title:	_____	Category:	_____
Hospital:	_____	Phone Number:	_____
Dept/Unit/Ward:	_____	Fax Number:	_____
Position:	_____	Signature:	_____
Email Address:	_____		

## ACCESS REQUIRED

<input type="checkbox"/>	Permanent	Start Date:	_____	End Date:	_____
<input type="checkbox"/>	Temporary	Start Date:	_____	End Date:	_____

### TERMS OF ACCEPTANCE

I agree to comply at all times with I-MED Online's policies related to the security and privacy of electronic records. I will keep my user name and password confidential.  
 I will act responsibly to maintain the security and integrity of the information systems that I use, so as to minimise the chance of any problems or security breaches for I-MED Queensland.  
 I will ensure that unauthorised people cannot gain access to confidential information. If I need to copy or print pages or other information from I-MED Online, I will treat them as confidential medical records.  
 I understand my responsibility for respecting patient's privacy and protecting the confidentiality of information to which I have access, and will comply with all relevant privacy laws and codes including, but not limited to, the Commonwealth Privacy Act 1988 and its 2001 amendments.  
 I agree to I-MED Queensland revoking my access to I-MED Online in the event of any breach of the terms and conditions of this agreement.

### To Be Authorised By – Department Head

Signature:	_____	Print Name:	_____
Title:	_____	Date:	_____
Department:	_____	Name:	_____