



Register to Send/Receive Electronic Referrals on HSNet

The Statement of Agreement:

- is a record of the organisation’s request for participation in sending and receiving electronic referrals using HSNet.
- describes the organisation’s responsibilities as a participant in electronic referrals via HSNet.
- is an agreement to abide by the rules and policies of HSNet.

An organisation authorised to action electronic referrals using HSNet commits the organisation to establish internal systems to manage the receiving, monitoring and sending of referrals. Each participating organisation can nominate some or all of their services to send and receive electronic referrals using HSNet.

The agreement must be signed by a person responsible for the organisation, such as the Chief Executive Officer, Director or Management Committee Office Bearer.

Authorisation to Send/Receive Electronic Referrals on HSNet

Organisation Name: _____

Conditions:

This agreement must be signed by an organisational representative with the authority to approve registration of their organisation to send and receive electronic referrals using HSNet.

The agreement verifies that the organisation understands and agrees to HSNet policies; will inform HSNet of updates to its information; and that the organisation is ultimately responsible for the compliance of its service(s) to these conditions.

Organisations can terminate this agreement at any time by emailing HSNet at hsnet@facs.nsw.gov.au

The NSW Department of Family and Community Services reserve’s the right to remove services and their staff, without forewarning, from any HSNet application for any breach of this agreement.

Authorisation:

The organisation I represent agrees to:

1. Monitor all relevant information about the organisation’s services and contact details on HSNet and notify HSNet of all necessary updates to this information.
2. Notify HSNet of any changes/additions required to authorised electronic referrer information.
3. Abide by the HSNet policies available on the HSNet website.

Authorisation:

I,		hold the position of	
within			
I am authorised to sign this Agreement with the NSW Department of Family and Community Services			
Signature		Date	Phone Number
Email			

Witness:

Witness Name		Position:	
Signature		Date	Phone Number
Email			

Forward the completed form to HSNet Email: hsnet@facs.nsw.gov.au or Fax: 02 9765 3141