



PRACTICE INCENTIVES PROGRAM

Application Form

Information Management / Information Technology (IM/IT) Incentive

IM/IT TIER 1 - Basic

To be eligible for this incentive a practice must:

- ✓ Maintain electronic patient records, which include clinical data on allergies/sensitivities for the majority of active patients; and
- ✓ Implement appropriate information security measures; and
- ✓ Use appropriate security (e.g. encryption systems) when patient information and/or clinical data are transferred electronically.

PRACTICE NAME:

PRACTICE ID:

Does your practice:

YES

NO

1. Maintain electronic patient records that include clinical data on allergies / sensitivities for the majority of active patients?

2. Have Internet connected Personal Computers or an Internet connected Local Area Network?

If 'No', please go to question 4.

3. Have a firewall installed for internet security purposes?

Please provide specifications of your firewall (If hardware – make and model; if software – name and version)

4. Have an IT security coordinator with a written role description?

5. Have documented IT security policies and procedures?

6. Have an IM/IT disaster recovery plan?

7. Have a data back-up procedure?

8. Have anti-viral software installed on all computers?

9. Have personal passwords for all staff to access appropriate patient health information?

10. Transfer patient information and/or clinical data electronically?

11. Use encryption for the electronic transfer of all patient information and clinical data?



PRACTICE INCENTIVES PROGRAM

Application Form

IM/IT TIER 2 – Enhanced

To be eligible for this incentive a practice must:

- ✓ Meet requirements of Tier 1; and
- ✓ Use electronic patient records to record and store clinical information on the majority of active patients, including current and past major diagnoses and current medications.

Does your practice:

YES

NO

Use electronic patient records to record and store clinical information on the majority of active patients, including current and past major diagnoses and current medications?

Declaration

I declare that:

- the particulars shown in this questionnaire are, to the best of my knowledge, complete and correct; and
- the practice meets all the requirements in the Security Self Assessment that apply to the practice IT category.

Signature of the authorised contact person.

May be signed by all the practice owners if the Contact person is not available :

Print Name of the contact person:

Date