



Argus Secure Electronic Clinical Messaging

Practice Name:			
Practice Type:	<input type="checkbox"/> GP	<input type="checkbox"/> Specialist	<input type="checkbox"/> Allied Health
Address:			
Contact Name and Position:			
Contact Phone No:	()		
Contact Email:	_____@_____		
Operating System:	<input type="checkbox"/> Windows	<input type="checkbox"/> Apple Mac OSX	<input type="checkbox"/> Linux
Clinical Software Used:			
We have a PKI Certificate & Password (site licence)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please arrange via Argus)		
Number of practice computers from which you will send messages?			
List of the users at your practice who will be using Argus. (So we can put them in the Argus Users Directory for other Argus Users to be able to add them to their Argus and clinical software address books)	Title	First Name	Last Name
	Provider Number		
Dedicated Argus Email: (Just for sending and receiving encrypted emails via Argus.)	_____@_____ (e.g. argus@mypractice.com.au OR argus.mypractice@optusnet.com.au)		
Error Notification Email: (Who to alert at the practice if there are message delivery errors or failures.)	<input type="checkbox"/> Same as contact email OR _____@_____		
Main Clinical Communication Partners: (Please identify the main health providers (4-5) to whom you provide referrals or reports. This will help in building the secure electronic clinical messaging network to maximize the uptake and benefits of exchanging clinical information electronically.)	Practitioner/Practice/City		Category (eg GP, type of Specialist or Allied Health)
(Required) Signature: (I would like to have Argus installed at my practice and authorise the Division to use this form to complete an online 'Request to Install' Argus on behalf of my practice.)			