

Bluebird’s Web Access.

To **instantly access any result**, at any time, from any lab, on any internet enabled computer please fill in the form below and fax to **0866 196 302**. If you also want your results displayed in an account accessible to your practice as a whole, please would you also fill in the second form?

Responsibility for patient privacy.

Access to a doctor’s private patient information is controlled by an Account Name and Password. Unauthorized use of your Account Name and Password could jeopardize the privacy of patient information. The safekeeping and protection of the Password and Account Name is your responsibility. By signing this form you agree to be solely responsible for the safekeeping and protection of that password and any use thereof and you indemnify IntelMS (Pty) Ltd and hold it harmless against any claim or action by any party arising from unauthorized access to your practice and / or patient information.

Because IntelMS (Pty) Ltd takes the confidentiality of patient information very seriously any physician utilizing our service also agrees to the following:

- 1) To ensure the confidentiality of the Password at all times, and to ensure that the Account Name and Password are adequately safeguarded and neither easily accessible nor disclosed to anyone other than trusted medical staff under your direct supervision.
- 2) To ensure, when using any public computer, that, after logging out of Bluebird’s web service, the browser application is closed.
- 3) To ensure that any medical staff to whom you give access understand and accept their responsibility in relation to the protection of patient privacy particularly as far as the protection and safeguarding of passwords and public computer access are concerned.
- 3) To read and accept the terms of the license agreement (particularly the portion concerning patient confidentiality) presented upon accessing the service.
- 4) To change the initial password issued by IntelMS (Pty) Ltd via sms on first access to the service (failing which access to data may not be allowed) and to inform IntelMS (Pty) Ltd by phoning **0861 629 329** or emailing **support@bluebird.co.za**, and thereafter to change the password with reasonable frequency.

I _____ please print

HPCSA No.

Practice No.

Practice Phone

Cellular Phone

Email address

@

have read and agree to the conditions outlined above and wish to subscribe to Bluebird’s web service. If you also wish your results to be sent to a practice account (where multiple members of the practice have access to the account please also ask the form titled “**Reports to Partner’s / Associates account**”.

Signature Subscriber:

Signature Witness:

Please indicate which labs / radiologists you use.

Laboratory service/s

Radiology service/s



Information with integrity

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Reports to be sent to Practice account.

To have your Bluebird reports sent to an account accessible by other practice staff, please fill in the form below and fax to **0866 196 302**. It is **important** that you indicate the physician in your practice that will be responsible for this AccountName and Password.

I _____ please print

HPCSA No.

Practice No.

Practice Phone

Cellular Phone

Email address

@

Hereby instruct Bluebird to arrange for my clinical reports to be forwarded to the Bluebird Web Account issued to:

Title:

First Name:

Last Name:

Practice number.

Signature Subscriber:

Signature Witness:

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from IntelMS (Pty) Ltd

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