

Konnect NET

User Guide

24.11.2023-C

Digital NSW Certificate of Capacity / Certificate of Fitness

Konnect NET – a smarter way to securely
share information with insurers.

Digital NSW Certificate of Capacity / Certificate of Fitness

HealthLink SmartForms are integrated into the clinical systems of more than 90% of Australian GPs.

Konnect NET leverages HealthLink's platform to offer GPs a smarter & more secure way to deal with insurance companies.

Our Digital NSW Certificate of Capacity saves you time with data pre-population, time-saving form design, data accuracy checks and direct delivery to the intended recipient and more.

Contact

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Section 1

General form overview

A You can access the digital NSW Certificate of Capacity from the HealthLink homepage, in the General Services section.



1800 125 036 (AUS)
helpdesk@healthlink.net

Contact Us

Make a referral

Specialists, Allied Health Providers and GPs

SR Specialists & Referrals

Refer to Private Specialist

Refer / Contact other health providers

General Services

NSW Certificate of Capacity

Referred Services

Northern Health

Northern Sydney Local Health District Services

NSW Health Outpatient referrals – South Eastern Sydney LHD

Sydney Local Health District Services

Northern NSW LHD – eReferrals

NSW Health Outpatient referrals - Western Sydney LHD

Spectrum Medical Imaging

Sydney Local Health District Women's Health

Transport for NSW

Support

HealthLink Demo Forms

HealthLink eReferral Reference Libraries (beta)

HealthLink Demo RMS Lite

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Knowledge Base

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Section 1

General form overview

- A** The main action buttons are located at the top and bottom of the form.
- B** The floating menu helps you navigate to sections of the form and indicates the area you are viewing.
- C** Mandatory fields are indicated by a red asterisk*.

The screenshot displays a web form titled "Certificate of Capacity / Certificate of Fitness". At the top right, a box labeled 'A' contains three buttons: "Download", "Park", and "Complete". On the left side, a floating menu labeled 'B' lists sections: "Certificate Details", "Patient Details", "Medical Certificate Details", "Capacity for Work", and "Treating Practitioner Details". The main form area contains several fields: "Is this the initial certificate for this claim? *" with radio buttons for "Yes" and "No" (labeled 'C'); "Claim type *" with radio buttons for "CTP" and "Workers compensation"; "Workers compensation insurer ⓘ *" with a dropdown menu showing "EML" and an "Unknown" checkbox; and "Claim number" with a text input field containing "123456". At the bottom left, a vertical "Feedback" button is visible. At the bottom center, a "Back to top" button is present. The bottom of the form features a "Patient Details" section header and a disclaimer: "Any changes here will not be saved against the patient record. Please update the patient record to ensure the correct details will be pre-populated next time."

Section 1

General form overview

- D Hover over the (i) information icons to get more context on the questions.
- E Use the 'Feedback' button to send your feedback about this form to the Konnect NET team.
- F Your feedback is important to help us provide a better solution.
- G If you want to be contacted about your feedback, check 'I would like to be contacted about this' and enter your details.

Certificate Details

Patient Details

Injured Person Consent

Medical Certificate Details

Medical Certification

Management Plan

Capacity for Work

Treating Practitioner Details

Feedback

Certificate of Capacity / Certificate of Fitness

For use with Workers Compensation and Compulsory Third Party (CPT) motor accident injury claims. This certificate should be completed whether the person was employed at the time of the accident or not.

Download

Park

Complete

Certificate Details

Is this the initial certificate for this claim? *

☒ Yes

☐ No

Claim type *

☐ CTP

☒ Workers compensation

Workers compensation insurer ⓘ

Please select your patient's insurer if known. Insurers may choose to receive the medical certificate electronically once it's submitted by you for quicker processing.

EML

Unknown

Claim number

123456

Patient Details

Form Feedback for Konnect NET

How easy was it to complete this form?

Poor

Fair

Good

Very Good

Excellent

Please share your feedback or suggestions for improvement.

Provide as much detail as you can, without including personal or patient information.

0 / 1000

☐ I would like to be contacted about this.

Konnect NET

feedback@konnectnet.com.au

1800 125 036 (option 1)

Cancel

Send Feedback

Form Feedback for Konnect NET

How easy was it to complete this form?

Poor

Fair

Good

Very Good

Excellent

Please share your feedback or suggestions for improvement.

Provide as much detail as you can, without including personal or patient information.

0 / 1000

☒ I would like to be contacted about this.

Name

Email

Konnect NET

feedback@konnectnet.com.au

1800 125 036 (option 1)

Cancel

Send Feedback

Section 2

Filling out the form

- A** Select the Insurer / Employer the certificate is for. If they are signed up with us, the form is sent directly to them after completing it.
- B** You can select from the list or search for the Insurer / Employer by typing in the field.
- C** If you are unsure of the Insurer / Employer, check 'Unknown'.
- D** If you know the claim number related to the certificate, please enter it.

Certificate of Capacity / Certificate of Fitness

For use with Workers Compensation and Compulsory Third Party (CPT) motor accident injury claims. This certificate should be completed whether the person was employed at the time of the accident or not.

[Download](#) [Park](#) [Complete](#)

Certificate Details

Is this the initial certificate for this claim? *

☒ Yes ☐ No

Claim type *

☐ CTP ☒ Workers compensation

Workers compensation insurer ⓘ *

EML ☐ Unknown

Claim number

123456

Patient Details

Any changes here will not be saved against the patient record. Please update the patient record to ensure the correct details will be pre-populated next time.

Workers compensation insurer ⓘ *

wo

Group Self Insurers

Woolworths Group Ltd

Brickworks Limited

Self Insurers

University of Wollongong

Council of the City of Wollongong

Endeavour Energy Network Management Pty Ltd

Section 2

Filling out the form

E Save time when completing a subsequent certificate by reusing a previous certificate.

In addition to using the latest patient and provider details from your records, you can copy over details such as work capacity from a previous certificate, except for dates.

This list includes the last 5 certificates completed using our solution, for this patient, at your practice, in the last 90 days.

F If the previous certificate is not listed, select 'Certificate not in this list'.

The screenshot shows a web form titled "Certificate Details". It contains a question "Is this the initial certificate for this claim? *" with radio buttons for "Yes" and "No", where "No" is selected. Below this is a section "Prepopulate from previous certificate ⓘ *" which contains a dropdown menu. The dropdown menu is open, showing a list of previous certificates with their details: "WC: 123456789 - Date of Injury: 22/08/2023 - Cert Date: 11/10/2023 - Review: 25/10/2023 - Insurer: EML", "WC: 123454-a - Date of Injury: 22/08/2023 - Cert Date: 10/10/2023 - Review: 17/10/2023 - Insurer: EML", "WC: 123454-a - Date of Injury: 22/08/2023 - Cert Date: 10/10/2023 - Review: 17/10/2023 - Insurer: EML", "WC: aSa - Date of Injury: 22/08/2023 - Cert Date: 22/08/2023 - Review: 29/08/2023 - Insurer: EML", and "WC: aa - Date of Injury: 25/07/2023 - Cert Date: 25/07/2023 - Review: 01/08/2023 - Insurer: EML". At the bottom of the dropdown is the option "Certificate not in this list", which is highlighted by an orange circle labeled "F". An orange circle labeled "E" is next to the dropdown menu header.

WC: 123456789	Date of Injury: 22/08/2023	Cert Date: 11/10/2023	Review: 25/10/2023	Insurer: EML
WC: 123454-a	Date of Injury: 22/08/2023	Cert Date: 10/10/2023	Review: 17/10/2023	Insurer: EML
WC: 123454-a	Date of Injury: 22/08/2023	Cert Date: 10/10/2023	Review: 17/10/2023	Insurer: EML
WC: aSa	Date of Injury: 22/08/2023	Cert Date: 22/08/2023	Review: 29/08/2023	Insurer: EML
WC: aa	Date of Injury: 25/07/2023	Cert Date: 25/07/2023	Review: 01/08/2023	Insurer: EML

Section 2

Filling out the form

Patient completing the Injured Person's Consent and Employment Declaration before form submission.

A You now have the option for the patient to sign and complete both the **Injured Person's Consent and Employment Declaration** before completing the form.

B If the patient is unable to sign and complete these sections, you can still complete the form as you currently do - select 'No' and obtain the consent by reading and ticking the checkbox.

C When you choose to get the patient to sign and complete these sections, the PDF version of the completed form will automatically include these details. This eliminates the burden of printing, getting the patient to complete/sign the printout, scanning the edited form, and manually saving it against your patient's record.

Injured Person's Consent and Employment Declaration

Do you want the patient to sign and complete the Consent and Employment Declaration before completing the form? *

☐ Yes ☐ No

Injured Person's Consent and Employment Declaration

Do you want the patient to sign and complete the Consent and Employment Declaration before completing the form? *

☐ Yes ☒ No

Injured Person Consent

Please read this to the patient and tick if the patient has consented.

☒ I consent to my treating medical practitioner, my employer (optional for CTP claims), the insurer, other medical practitioners or health related practitioners (whether consulting, treating or examining), workplace rehabilitation providers and SIRA exchanging information for the purpose of managing my injury and workers compensation/motor accident injury claim. I understand this information will be used by SIRA and insurers to fulfill their functions under the motor accident insurance and workers compensation legislation. *

Injured person's consent

I consent to my treating medical practitioner, my employer (optional for CTP claims), the insurer, other medical practitioners or health related practitioners (whether consulting, treating or examining), workplace rehabilitation providers and SIRA exchanging information for the purpose of managing my injury and workers compensation/motor accident injury claim.

I understand this information will be used by SIRA and insurers to fulfill their functions under the motor accident insurance and workers compensation legislation.

Signature

Date (DD/MM/YYYY)

01/11/2023

Section 3: Employment declaration (not to be completed by the treating medical practitioner)

This section is to be completed by the person prior to sending to the insurer (or employer).

First name

Last name

Test

☐ I have ☒ I have not (tick appropriate box)

engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.

If so, please provide details below.

I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Signature

Date (DD/MM/YYYY)

01/11/2023

Section 2

Filling out the form

Patient completing the Injured Person's Consent and Employment Declaration before form submission (continued)

We offer two ways for the patient to complete these sections:

1 On another device via QR code, or

2 On your computer

On your computer:

A Select 'On your computer'

B The patient will need to sign twice – once against the Consent statement, and second against the Employment Declaration.

Clicking on "Add signature" opens a pop-up where your patient can draw their signature (see next page).

Injured Person's Consent and Employment Declaration

Do you want the patient to sign and complete the Consent and Employment Declaration before you complete the form? *

☒ Yes ☐ No

How would you like the patient to sign and complete it? *

☐ 1 On another device via QR code ☒ 2 On your computer A

The following sections are **not** to be completed by the treating medical practitioner

Injured Person's Consent

I consent to my treating medical practitioner, my employer (optional for CTP claims), the insurer, other medical practitioners or health related practitioners (whether consulting, treating or examining), workplace rehabilitation providers and SIRA exchanging information for the purpose of managing my injury and workers compensation/motor accident injury claim. I understand this information will be used by SIRA and insurers to fulfill their functions under the motor accident insurance and workers compensation legislation.

Patient signature *

Add signature B

Employment Declaration

First name * Last name *

Choose the relevant option in response to the following statement *

☐ I have ☐ I have not

engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.

I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Patient signature *

Add signature B

Section 2

Filling out the form

Patient completing the Injured Person's Consent and Employment Declaration before form submission (continued)

On your computer (continued):

- A** Your patient can draw their signature in this box.
- B** If they are not happy with the signature, they can click on 'Clear Signature' and start again.
- C** Clicking on 'Undo last stroke' deletes the last stroke of the signature.
- D** Once they are happy with the signature, they can click "Confirm".

How would you like the patient to sign and complete it?

Patient Signature - Consent

Please draw your signature in the box below.
We recommend using a touchscreen device for on-screen signatures, but you may also sign using your mouse.

A

Undo last stroke

Clear Signature Confirm

How would you like the patient to sign and complete it?

Patient Signature - Consent

Please draw your signature in the box below.
We recommend using a touchscreen device for on-screen signatures, but you may also sign using your mouse.

C

Undo last stroke

B

Clear Signature

D

Confirm

Section 2

Filling out the form

Patient completing the Injured Person's Consent and Employment Declaration before form submission (continued)

On your computer (continued):

A You can minimise this section by clicking on the down icon.

B If the patient wants to re-draw their signature, they can click on the 'x' and redo.

Note: the details and signature entered by your patient will get populated into the PDF version of the form.

Injured Person's Consent and Employment Declaration

Do you want the patient to sign and complete the Consent and Employment Declaration before completing the form? *

☒ Yes ☐ No

How would you like the patient to sign and complete it? *

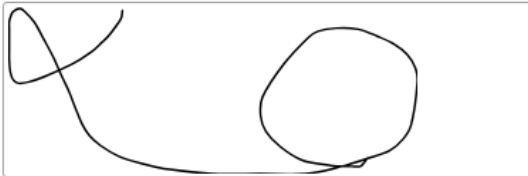
☐ On another device via QR code ☒ On your computer

The following sections are **not** to be completed by the treating medical practitioner

Injured Person's Consent

I consent to my treating medical practitioner, my employer (optional for CTP claims), the insurer, other medical practitioners or health related practitioners (whether consulting, treating or examining), workplace rehabilitation providers and SIRA exchanging information for the purpose of managing my injury and workers compensation/motor accident injury claim. I understand this information will be used by SIRA and insurers to fulfill their functions under the motor accident insurance and workers compensation legislation.

Patient signature *



× **B**

Employment Declaration

First name *

Test

Last name *

Patient


Choose the relevant option in response to the following statement *

☐ I have ☒ I have not

engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.

I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Patient signature *



× **B**

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Section 2

Filling out the form

Patient completing the Injured Person's Consent and Employment Declaration before form submission (continued)

On another device via QR code:

- A Select 'On another device via QR code'.
- B Get your patient to scan the QR code with their smart device. Note that they can use a QR code reader, their smart device camera or even your practice device if you have one. The QR code is valid for a limited time.
- C The QR code will direct your patient to a webpage where these sections display. The patient will need to complete and sign both sections.

Note: you can continue to fill out the form while your patient is completing these sections.

Injured Person's Consent and Employment Declaration

Do you want the patient to sign and complete the Consent and Employment Declaration before completing the form? *

☒ Yes ☐ No

How would you like the patient to sign and complete it? *

☒ On another device via QR code ☐ On your computer

Next Steps

Get your patient to scan the QR code on their device in order to can complete this section. They can use a QR code reader, their smart device camera or even a practice's smart device. Please note:

- an internet connection is required
- the QR code will expire in 60 minute(s)
- once the patient has completed this section, the details they enter will display below
- you can continue filling out the form while the patient completes this section

B

Injured Person's Consent

I consent to my treating medical practitioner, my employer (optional for CTP claims), the insurer, other medical practitioners or health related practitioners (whether consulting, treating or examining), workplace rehabilitation providers and SIRA exchanging information for the purpose of managing my injury and workers compensation/motor accident injury claim. I understand this information will be used by SIRA and insurers to fulfill their functions under the motor accident insurance and workers compensation legislation.

Patient signature *

Employment Declaration

First name *

Last name *

Choose the relevant option in response to the following statement *

☐ I have ☐ I have not

engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.

I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Patient signature *

Section 2

Filling out the form

Patient completing the Injured Person's Consent and Employment Declaration before form submission (continued)

On another device via QR code (continued):

Once your patient has completed and signed these sections:

- A you will see a confirmation message,
- B their details will populate into your form ready for you to complete it.
- C If your patient needs to edit their details/signature, you can re-generate a new QR code for them to make edits.

Note: the details and signature entered by your patient will get populated into the PDF version of the form

Injured Person's Consent and Employment Declaration

Do you want the patient to sign and complete the Consent and Employment Declaration before completing the form? *

☒ Yes ☐ No

How would you like the patient to sign and complete it? *


☒ On another device via QR code ☐ On your computer

Your patient has successfully completed this section. If they need to edit any of the details entered, you can [generate a new QR code](#) for them to scan and make edits.

Injured Person's Consent

I consent to my treating medical practitioner, my employer (optional for CTP claims), the insurer, other medical practitioners or health related practitioners (whether consulting, treating or examining), workplace rehabilitation providers and SIRA exchanging information for the purpose of managing my injury and workers compensation/motor accident injury claim. I understand this information will be used by SIRA and insurers to fulfill their functions under the motor accident insurance and workers compensation legislation.

Patient Signature *



Employment Declaration

First name *

Last name *


Select the appropriate option regarding the statement that follows *

☐ Yes ☒ No

engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.

I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Patient Signature *



Section 3

Parking the form

- A Clicking 'Park' saves the content of the form as is, for later use.
- B In **Best Practice** - you can find parked certificates in the HealthLink Forms page. Click on View > HealthLink Forms to access it.
- C In **Medical Director** - you can find parked certificates in the HealthLink tab.
- D In **Genie** - you can find parked certificates in the HealthLink Online pop-up. Click on Tools > HealthLink Online to access it.

Note: you can also access Submitted/Completed forms in these areas.

Certificate Details

Patient Details

Injured Person Consent

Medical Certificate Details

Medical Certification

Management Plan

Certificate of Capacity / Certificate of Fitness

For use with Workers Compensation and Compulsory Third Party (CPT) motor accident injury claims. This certificate should be completed whether the person was employed at the time of the accident or not.

Download

A
Park

Complete

Certificate Details

Is this the initial certificate for this claim? *

Yes

No

Claim type *

CTP

Workers compensation

Best Practice

B

HealthLink Forms - Test Test							
File View Help							
<div>Start Date: 19/09/2023 End Date: 19/10/2023 Provider: All Location: All Status: All</div>							
Created Date	Patient	Subject	Provider	Addressee	Location	Status	Message ID
19/10/2023	Test Test	NSW Certificate of Capacity (Fitness for work)	Dr Demo Doctor	konnet23	HealthLink Messaging	Parked	MCCOF-2970
22/09/2023	Test Test	NSW Certificate of Capacity (Fitness for work)	Dr Demo Doctor	konnet23	HealthLink Messaging	Completed	MCCOF-3074

Medical Director

C

Summary Current Rx Progress Past history Results Letters Documents Old scripts Imm. Cervical Screening Obstetric Acupuncture Correspondence MDExchange HealthLink									
New Form Resume Delete Clear Filters Refresh Error Detail									
26 of 26 Records									
Date Created	Form Status	Message ID	Type	Subject	Description	Recipient	Sender	Ack Status	Ack Date
12/10/2023 3:19:12 PM	Parked	MCCOF-19910	NSW Certificate of Capacity (Fit...	NSW Certificate...	NSW Certificate of Capacity (Fit...	konnet23	Dr...		

Genie

D

HealthLink Online for Mrs Monica Test						
Show: All Edit Preferences...						
Date/Time	Description	Mode	View Type	Provider	Msg Control Id	Status
19/10/2023 09:22:42	NSW Certificate of Capac...	P		Dr Demo D Doctor	MCCOF-2972	Unknown
1/08/2023 13:20:56	NSW Certificate of Capac...	P		Dr Demo D Doctor	MCCOF-2789	Unknown
1/08/2023 13:19:42	NSW Certificate of Capac...	R	application/pdf	Dr Demo D Doctor	MCCOF-2788	Form Submitted

New

Resume

View

Delete

Section 4

Downloading the form

- A You can download the certificate to preview it before completing it.
- B Note how it's a DRAFT if you download the form before it's completed.
- C You can download the certificate after completing it, and the DRAFT mark is removed.

Certificate of Capacity / Certificate of Fitness

For use with Workers Compensation and Compulsory Third Party (CTP) motor accident injury claims. This certificate should be completed whether the person was employed at the time of the accident or not.

A

Download

Park

Complete

1 of 3

Certificate of capacity/
certificate of fitness

NSW
GOVERNMENT

DRAFT
State Insurance
Regulatory Authority

For use with workers compensation and Compulsory Third Party (CTP) motor accident injury claims.

☐ CTP

☒ Workers compensation

For CTP claims: 'Certificate of fitness' means 'certificate of fitness for work'. This certificate should be completed whether the person was employed at the time of the accident or not.

☐ Tick if this is the initial certificate for this claim.

Section 1: To be completed by the injured person or treating medical practitioner

First name

Last name

Test

Test

Certificate of capacity/
certificate of fitness

NSW
GOVERNMENT

State Insurance
Regulatory Authority

For use with workers compensation and Compulsory Third Party (CTP) motor accident injury claims.

☐ CTP

☒ Workers compensation

For CTP claims: 'Certificate of fitness' means 'certificate of fitness for work'. This certificate should be completed whether the person was employed at the time of the accident or not.

☐ Tick if this is the initial certificate for this claim.

Section 1: To be completed by the injured person or treating medical practitioner

First name

Last name

Test

Test

Section 5

Completing the form

A Click on 'Complete'.

B An alert will display if there are any errors.

C Sections that need your attention will be highlighted.

D You can review key information before completing the form. If you need to make edits, click 'Edit Certificate'.

Certificate of Capacity / Certificate of Fitness

For use with Workers Compensation and Compulsory Third Party (CPT) motor accident injury claims. This certificate should be completed whether the person was employed at the time of the accident or not.

[Download](#) [Park](#) [Complete](#)

Please correct the highlighted errors to complete the form. ×

Certificate Details

Is this the initial certificate for this claim? *

☐ Yes ☐ No

This field is required.

Ready for Completion ×

After completion, this form will be saved against the patient record.
Please **give a copy to your patient** for them to sign and share with the insurer/employer.

Claim type: Workers compensation
Claim number: 123456
Insurer: Unknown

Has no current capacity for any work
from 19/10/2023 to 26/10/2023

Next review date
26/10/2023 (7 days from today)

[Edit Certificate](#) [Complete](#)

Section 5

Completing the form

E When completing a subsequent form, the form warns you if some important information remains unchanged.

F If you need to make edits, click 'Edit Certificate'.

accident injury claims. This certificate should be completed whether the

×

Did you forget something?

The following certificate details have not been updated. Please edit the certificate to correct this, or click 'Continue' to confirm no change is needed.

Note that you are certifying your patient's actual capacity to work in any role, bearing in mind the [health benefits of good work](#). Don't worry about whether there is suitable work available (that's up to the employer).

Factors affecting recovery
Quisque ullamcorper rhoncus nisl et aliquet. Donec acQuisque ullamcorper rhoncus nisl et aliquet. Donec ac

Comments
Lorem ipsum dolor sit amet, consectetur

F

Edit Certificate

Continue

the patient's actual capacity to work in any role, bearing in mind the

©KonnectNET

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Section 5

Completing the form - Completed form

E A confirmation message displays when the certificate is completed.

Completing the form creates a PDF version of the NSW Certificate of Capacity / Certificate of Fitness form and saves a copy against the patient record. If the Insurer / Employer is signed up with us to receive this form, we will securely send it to them.

Do I still need to sign the form?

Where the form is sent directly to an insurer participating in our pilot, there is no need for you to sign – the insurer will know who completed the form based on your access to the HealthLink Forms page. However, for other insurers, we ask that you follow your current process. The same applies for the patient's signature.

Do I need to download a copy of the form?

On successful form completion, a PDF version of the form will be automatically stored against the patient record. Depending on your practice software, you will find this under Correspondence Out or Letters. However, you have the option to download a copy manually after completion, by clicking the "Download/Print" button. You may wish to do this to share a copy with your patient.

E

Certificate of Capacity / Certificate of Fitness

For use with Workers Compensation and Compulsory Third Party (CPT) motor accident injury claims. This certificate should be completed whether the person was employed at the time of the accident or not.

Certificate successfully completed. A copy has been saved against the patient record and also sent to QBE. Please **download/print a copy for the patient** to sign and share with the insurer.

What would you like to do next?

Email Certificate to Patient

Securely send a copy of the medical certificate to your patient, so that they can sign and share it with their insurer/employer. This is protected by a system-generated access code that gets created after the certificate is sent. You need to give the access code to your patient.

Please verify the patient's details, including their mobile number if you want the access code sent via SMS.

Patient email address *

☐ Send access code via SMS

Email Certificate

Download/Print

Print a copy of the medical certificate for your patient to sign and share it with their insurer/employer.

Download / Print

Section 6

Accessing a submitted form

You can access your submitted forms **within a patient's file** by doing the following:

- A** In **Best Practice**
Go to the **Correspondence Out** section. You can use the F5 key to refresh this section. Highlight the message and click View.
- B** In **Medical Director**
Go to the **Letters** tab and double-click the submitted form.
- C** In **Genie**
Click on the **Purple Quill** and select the submitted form.

Best Practice

A

Investigation reports
Correspondence In
Correspondence Out
28/10/2022 wernhosp Wernbee Mercy Hospital
23/11/2022 newmsma Transport for NSW
21/08/2023 alndhaem Sydney Local Health District Services
21/08/2023 alndhaem Sydney Local Health District Services
12/09/2023 acthepic Canberra Health Services
28/09/2023 alndhaem Sydney Local Health District Services
Past prescriptions
Observations

Postal address: same as residential address
Referred by: Best Practice, HealthLink Townsville, Prov. No. 0000000Y, Reg. No. 1234567890, HPI-O 8003628233359965, PH 0744015650
Referral date: 21/08/2023 10:29 AEST

Clinical Referral Information	
Referred To:	Renal Medicine Service
Referral Date:	21/08/2023
Referral Continuation:	New
Referral Period:	12 months
Interpreter Required:	Yes
Preferred Language:	Japanese

Medical Director

B

Adverse Reactions: [dropdown]
Warnings: [dropdown]
Smoking Hx: ? Smoker
IHI No: [text]
MyHealthRecord: [button]
Recalls: [button]

Summary | Current Rx | Progress | Past history | Results | **Letters** | Documents | Old scripts | Imm. | Correspondence | MDExchange | HL Health

Preview - Full | Hide Preview | Clear Filters | Move Location | Document Details | Send SMS | Scan | Import | Print | Add | Delete | Search | Clear Search | Refresh

5 of 5 Records

Date Created	Subject	Description	Type

Zoom | Page Width | Open Externally

Form sent on 22/10/2023 09:34 AEST
Sensitive: Personal

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C

CDM Summary

Last 10 Consults

1 HealthLink Online form

All | [icons] | [Purple Quill icon highlighted]

Date	Info	Type	Provider
28/09/2023		Gastroenterology & Liver Clinics [P]	Dr Demo Doctor

Reset

Section 7

Sharing a completed certificate

You can securely share a copy of the completed PDF version of the NSW Certificate of Capacity / Certificate of Fitness form with the patient.

You can do this right after completing the form. When you email the certificate to the patient, before they can view it, they need to enter an access code that you provide them.

The access code gets generated after the email is sent.

Steps

- A Enter or review the patient email address.
- B If you want our solution to send the patient the access code via SMS, check 'Send access code via SMS'.
- C Enter or review the patient mobile number.
- D Click on 'Email Certificate & Send SMS' (or 'Email Certificate' if you are not sending the access code via SMS).

continued...

Certificate of Capacity / Certificate of Fitness

For use with Workers Compensation and Compulsory Third Party (CPT) motor accident injury claims. This certificate should be completed whether the person was employed at the time of the accident or not.

Certificate successfully completed. A copy has been saved against the patient record and also sent to QBE. Please **download/print a copy for the patient** to sign and share with the insurer.

What would you like to do next?

Email Certificate to Patient

Securely send a copy of the medical certificate to your patient, so that they can sign and share it with their insurer/employer. This is protected by a system-generated access code that gets created after the certificate is sent. You need to give the access code to your patient.

Please verify the patient's details, including their mobile number if you want the access code sent via SMS.

Patient email address *

A

patient@patient.com

B

C

Patient mobile number *

021515895522

D

Email Certificate & Send SMS

Download/Print

Print a copy of the medical certificate for your patient to sign and share it with their insurer/employer.

Download / Print

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Section 7

Sharing a completed certificate

Steps continued...

- E** A confirmation message displays.
- F** The Access code is generated. Give it to your patient, if you have not sent it via SMS, so they can view the certificate.
- G** If you notice that the email address or the mobile number is incorrect, you can cancel their access and resend the certificate.

Certificate of Capacity / Certificate of Fitness

For use with Workers Compensation and Compulsory Third Party (CPT) motor accident injury claims. This certificate should be completed whether the person was employed at the time of the accident or not.

This certificate has been sent to **patient@patient.com** and the access code has been sent to **021515895522** via SMS.

Access code: **U4KJMN** ⓘ

The access code expires on 17 November 2023.

Please give the access code to your patient so they can view the certificate. If the email address or the mobile number are incorrect, [cancel their access](#) and resend the certificate.

What would you like to do next?

Download/Print

Print a copy of the medical certificate for your patient to sign and share it with their insurer/employer.

Download / Print

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