

Application to join Global Health's Partner Network

This is the application to integrate with GH products. Please fill out the application form below providing as much details as possible.

Integration Partner Company <Name, Address, ABN, Tel, Contact Email, website, organisation size>	
Parent/Holding Company	
Organisation Description	
Number of years operating	
Organisation History	
Leadership Team	
Product Details	
What are benefits for Global Health customers practice, patient care and the broader health sector?	
What are the risks and mitigation strategy?	
Please add any other comments you wish to make towards your application	
What GH product(s) will your solution integrate with? * (Tick all applicable)	<input type="checkbox"/> MasterCare PAS <input type="checkbox"/> MasterCare EMR <input type="checkbox"/> MasterCare+ <input type="checkbox"/> MasterCare Digital Front Door (HotHealth) <input type="checkbox"/> ReferralNet <input type="checkbox"/> PrimaryClinic <input type="checkbox"/> Lifecard

Does your product facilitate external integrations? (E.g. App store or Marketplace?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your product have an SMS solution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Where is the solution hosted? *	<input type="checkbox"/> Installed on the Global Health infrastructure	
	<input type="checkbox"/> Part installed on the clinic's infrastructure and part stored on your infrastructure	What is the physical location of your infrastructure?
	<input type="checkbox"/> Completely installed on your infrastructure	What is the physical location of your infrastructure?

What data do you wish to read/write in your integration? *	<input type="checkbox"/> Read, please provide use cases <i>E.g. Billing – get the total amount charged for an appointment.</i>	<input type="checkbox"/> Write, please provide use cases <i>E.g. Documents – Insert a care plan back into the patient record.</i>

<p>What data do you store in your solution/database? *</p>	<p><input type="checkbox"/> Do you store identifiable patient data?</p> <p>If yes, provide details:</p> <p><input type="checkbox"/> Demographics <input type="checkbox"/> Clinical <input type="checkbox"/> Family/Social History <input type="checkbox"/> Immunisations <input type="checkbox"/> Medications</p>	<p><input type="checkbox"/> Other, please provide details</p>
<p>Do you have an access management policy? *</p> <p>(Who has access to the data? How is access granted? What is your review policy and audit capabilities? If no, please advise why.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Does your data sharing agreement permit both parties the right to terminate at any time for failure to comply with principles established in that document? *</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>(If No, please advise why.)</p>		
<p>Privacy and information handling practices</p>		
<p>Describe the categories of personal and sensitive information which is held in your records? *</p> <p>(Including any subcontractors that you engage to store data on your behalf).</p>		

Do you have a Privacy Policy that complies with the <i>Privacy Act 1988 (Cth)</i> and the <i>General Data Protection Regulation / any other overseas privacy laws?</i> *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have Privacy Collection Notices that comply with the <i>Privacy Act 1988 (Cth)</i> and the <i>General Data Protection Regulation / any other overseas privacy laws?</i> *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Data Breach Response Plan? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an Incident Response Plan, and does it address ransomware and denial of service scenarios? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Disaster Recovery Plan and/or Business Continuity Plan in place and how often is this tested? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Data Processing Agreement in place (whether as a controller or processor of data)? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any other written policies and procedures governing cybersecurity and privacy practices? Are these communicated to all employees, and how often do they receive training on the	<input type="checkbox"/> Yes <input type="checkbox"/> No	
content of those policies and procedures? *		
Has an independent party completed an audit of your system / data security? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have a nominated employee that is responsible for your IT infrastructure, data security and privacy? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you protect all personal information and sensitive information through encryption? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you take regular backups of customer data? If yes, how frequently? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In which countries do you store data and backups? *		
Do you keep a copy of backups offline, segregated from and inaccessible to your network? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your network include contingency / redundancy / resilience of any description, to mitigate system interruptions or failures (such as mirrored infrastructure, failover mechanisms, warm or hot replicated sites or similar)? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use monitored intrusion detection systems or intrusion prevention systems? *	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
Do you control / limit / monitor your employees' ability to remove data or information from your network / office (examples include USB drive security)? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you use up-to-date antivirus/spyware and malware software? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has there been any evidence of network intrusion or vulnerabilities highlighted in an IT security audit or penetration test, which you have not resolved? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you aware of any claims, circumstances, privacy breaches, viruses, denial of service / distributed denial of service attacks or hacking incidents which have impacted your business? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you maintain cyber-insurance and if so: * <ul style="list-style-type: none"> • for what minimum amount? • is it on a claims made or claims occurrence basis? and • what events or circumstances are excluded from coverage? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
API compatibility		
What authentication and authorisation method(s) do you use for your APIs? *		
Do you apply rate limiting / throttling to your APIs? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your APIs backward compatible? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How often do you update your API documentation? *		

Do you maintain any ISO certifications for your software? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do your APIs encrypt data at rest and in transit? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How often do you apply routine patches or updates to your APIs? *		
What service levels / prioritisation do you use for notified defects in your APIs? *		
What devices, browsers, operating systems, and networks can your APIs operate on? *		

Key contact details and sign off: *

Full Name	Date:	
Job Title:		

Please submit your application to sales@global-health.com along with any supporting documents needed as part of your application.

After reviewing your application, we will be in touch shortly to arrange for you to demonstrate your product to our team.