

At Health*link*, we welcome your feedback as it helps us to improve our services. Please take the time to complete this feedback form and return it to Health*link*, Locked Bag 5086, Parramatta CBD Business Centre, Parramatta, NSW, 2124.

Is your child currently participating in the pilot?

Yes No

If yes, please tell us the main reason(s) why your child is participating (tick as many boxes as are applicable):

- I want an electronic health record which has the latest information about my child
 I want healthcare providers to know as much as possible about my child
 I want to build up a total history of my child's health

If no, please tell us why you are not participating: _____

If your child is participating, have you registered for online access to their Health*link* record?

Yes No Not yet, but I plan to

If yes, how did you find the registration process?

Easy Difficult No opinion

When logged in, do you find Health*link* easy to use?

Yes No

Do you feel that having access to the Health*link* system makes it easier to communicate with your healthcare providers?

Yes No

Have you contacted Health*link* for any reason since the pilot started?

Yes No

If yes, please tell us why (tick as many boxes as are applicable):

- I needed technical help when logged in to my Health*link* record
 I had a question about how Health*link* works
 I wanted to opt out
 Other (please specify) _____

Did you receive enough information about Healthelink to decide whether your child should participate?

Yes No

If you have opted out your child, do you think you will opt your child back in to Healthelink in the future?

Yes No

Was there enough information available to you to aid in your decision to opt out your child?

Yes No

Had you heard about Healthelink before receiving the information kit?

Yes No

If yes, please tell us where you first heard about Healthelink: _____

Please provide any other comments you have about the Healthelink Electronic Health Record:

May we contact you for further evaluation purposes? (if yes, please provide contact details below)

Yes No

If you would like a response to any issues you have raised on this form, please provide your contact details below:

Contact Details (Optional)

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____ Telephone: _____

Healthelink is an electronic health record system owned and operated by NSW Health.