

## ACCEPTANCE OF CONDITIONS FOR HYPERLINKING YOUR ORGANISATION'S WEB SITE TO NSW Health at <http://www.health.nsw.gov.au>

Please sign and return this form if you agree to comply with the conditions outlined.

Name of organisation:

Permission is granted for the above organisation to hyperlink to the NSW Department of Health's website subject to the following conditions:

1. No responsibility or liability lies with the Department, the Health Administration Corporation, or any Health Services (or any employee, agent or servant) for any errors or omissions.
2. Under no circumstances should your site use the link to the Department's web site to provide specific product or service endorsement or promotion. Nor should the link be placed to imply product or service endorsement or be associated with commercial interests.
3. The function of the NSW Department of Health includes the promotion of the health of the people of NSW and links to its web site shall not imply directly or indirectly that cigarettes, drugs or alcohol are related to health promotion.
4. Where applicable the following wording is to be used to describe the link to the Department's website:

*NSW Health is an important part of the NSW community and a major responsibility of the NSW Government. Around 100,000 people work in or directly with NSW Health.*

*NSW Health provides a comprehensive range of health and health related services covering health protection, health promotion and education, health screening, diagnosis, treatment, emergency transport, acute care, rehabilitation, continuing care for chronic illness, counselling, support and palliative care.*

5. The Department reserves the right to withdraw permission to link to its website at any time and the above named organisation agrees to remove any link to the Department's site on receiving such notice from the Department.
6. That this letter is returned, signed, accepting these conditions.

The conditions of use are accepted

NAME ..... SIGNED ..... DATE .....  
(please print)

ORGANISATION .....

ADDRESS .....

.....

URL: .....

CONTACT PHONE ..... FAX .....

Please complete and return to: Manager, Design and Distribution, NSW Department of Health  
Locked Mail Bag 961 NORTH SYDNEY NSW 2059 or Fax: (02) 9391 9580