

InSight Application Form
Individual Membership
January 1 - December 31

Please print

Date / /

PART I: ELIGIBILITY REQUIREMENTS FOR INDIVIDUAL MEMBERSHIP <i>Each Individual member must be an employee of a license holder of one or more products of McKesson Information Solutions.</i>											
PART II: GENERAL INFORMATION (REQUIRED)											
Name (First MI Last)		Nickname									
Title		Department									
Which category best describes your job function?		C Level - CIO, CFO, CEO, President, VP, etc. Clinicians – Physicians, Nurses, Lab Techs, Radiologists, etc. Managerial – Dept. Mgr or Directors, Buyers, Controllers, IT, Lead Analysts, etc. Administrative – Support Staff, Analysts, Data Processors, etc.									
Telephone		Fax									
Email											
Employer Information (REQUIRED)		Home Address (Optional)									
Employer		<input type="checkbox"/> Use my home address for mailing									
Street		Street									
City		City									
State/Province		Zip Code									
McKesson Customer # (REQUIRED) _____											
Applications will not be processed without this number. (contact your IS/IT Department to obtain this number – found on ALL McKesson invoices)											
<p>By completing the Individual membership section of this application and paying the membership fee, I certify that I am eligible for the category of membership. I agree to abide by the Bylaws, Policies and Code of Ethics of InSight.</p>											
Applicant Signature (REQUIRED) _____											
PART III: PERSON THAT REFERRED YOU TO INSIGHT											
Referred by: _____		Organization: _____									
PART IV: MEMBERSHIP FEE											
<input type="checkbox"/> New Member \$90											
<input type="checkbox"/> Renewing Member (by Jan 31) \$60 ID # <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; width: 100px; height: 20px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										(found on InSight membership card)	
<input type="checkbox"/> Renewing Member (after Jan 31) \$90 ID # <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; width: 100px; height: 20px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										(found on InSight membership card)	
<p>After January 31, all renewing members will be considered New Members and must pay the New Member fee. Membership fees are paid on a calendar year basis. Membership fees are non-refundable, non-transferable and not prorated.</p>											
Incomplete applications or applications submitted without payment will not be processed. Purchase Orders will not be accepted.											
PART V: PAYMENT METHOD (Check One)											
<input type="checkbox"/> Check Attached OR <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa											
Credit Card Number		Expiration Date									
Cardholder Name											
Cardholder Signature _____											
<p>Make checks payable to InSight or complete the credit card information. Mail completed two-page application to: InSight, 4500 Hugh Howell Rd., Suite 340, Tucker, GA 30084. Applicants paying via credit card can fax the completed application to 770.270.0632.</p>											
PLEASE INDICATE YOUR SPECIAL INTEREST GROUPS ON THE REVERSE SIDE OF THIS APPLICATION THANK YOU!											

OFFICE USE ONLY	Member Type	Approved by	Comments
	User Name	Password	CC Approval Code
	Paid \$	Check #	Check Date

NAME: ID#

PART VI: SPECIAL INTEREST GROUP (Select the SIG(s) in which you wish to participate.)		
CLINICAL MANAGEMENT COUNCIL		
<input type="checkbox"/> [HOCR] Horizon Care Record/Alerts <input type="checkbox"/> [HOPP] Horizon ^{WP} Clinical Products <input type="checkbox"/> [HOMM] Horizon Meds Manager <input type="checkbox"/> [MOCO] Mobile Computing <input type="checkbox"/> [SECS] Series Order Comm/Nursing <input type="checkbox"/> [STCL] STAR Clinicals <input type="checkbox"/> [STMD] STAR Physician Products	<input type="checkbox"/> [HOCE] Horizon Clinical Doc/Horizon Expert Doc <input type="checkbox"/> [HOLB] Horizon Lab <input type="checkbox"/> [HOOM] Horizon Order Management <input type="checkbox"/> [PHYS] Physician (Education Only) <input type="checkbox"/> [SERX] Series Pharmacy <input type="checkbox"/> [STLB] STAR Laboratory <input type="checkbox"/> [STRD] STAR Radiology	<input type="checkbox"/> [HOCl] Horizon Clinical Infrastructure <input type="checkbox"/> [HOMI] Horizon Medical Imaging <input type="checkbox"/> [HOPF] Horizon Patient Folder <input type="checkbox"/> [PWPM] PracticePoint Plus <input type="checkbox"/> [SERD] Series Radiology <input type="checkbox"/> [STRX] STAR Pharmacy
INFRASTRUCTURE COUNCIL		
<input type="checkbox"/> [PWIF] Pathways Interface Mgr/TSG/Prof Svcs	<input type="checkbox"/> [SETC] Series Technology	<input type="checkbox"/> [STIN] STAR MIS
INTERNATIONAL COUNCIL		
<input type="checkbox"/> [ICCL] Clinical	<input type="checkbox"/> [ICGH] General Healthcare	<input type="checkbox"/> [ICNC] Non-Clinical
PARAGON COUNCIL		
<input type="checkbox"/> [PACL] Paragon Clinical Applications <input type="checkbox"/> [PATC] Paragon Technology	<input type="checkbox"/> [PARM] Paragon Resource Management	<input type="checkbox"/> [PARC] Paragon Revenue Cycle Mgmt
RESOURCE MANAGEMENT COUNCIL		
<input type="checkbox"/> [HOSM] Horizon Surgical Manager <input type="checkbox"/> [PWCA] Pathways Compliance Advisor <input type="checkbox"/> [PWHS] Pathways Healthcare Scheduling <input type="checkbox"/> [STFN] STAR Finance	<input type="checkbox"/> [NORT] NOVA/ORBIT/TITAN <input type="checkbox"/> [PWDS] Pathways Decision Support <input type="checkbox"/> [PWMM] Pathways Materials Mgmt <input type="checkbox"/> [SSOS] Surgi-Server/Omni-Server	<input type="checkbox"/> [SEOR] OR Series <input type="checkbox"/> [PWFM] Pathways Financial Management <input type="checkbox"/> [SEFN] Series Finance <input type="checkbox"/> [TREN] TRENDSTAR
REVENUE CYCLE MANAGEMENT COUNCIL		
<input type="checkbox"/> [ELEC] EC2000/Transactions Solutions Hub <input type="checkbox"/> [HQAM] HealthQuest Access Management <input type="checkbox"/> [PRIS] Precision 2000 <input type="checkbox"/> [SEPA] Series Patient Accounting <input type="checkbox"/> [STPA] STAR Patient Accounting	<input type="checkbox"/> [HOPA] Horizon Passport <input type="checkbox"/> [HQRM] HealthQuest Receivables Mgmt <input type="checkbox"/> [SEMR] Series Health Information Mgmt <input type="checkbox"/> [STPP] STAR ADT/Scheduling	<input type="checkbox"/> [HOFO] Horizon ^{WP} Revenue Cycle Products <input type="checkbox"/> [PCON] Pathways Contract Management <input type="checkbox"/> [SEPM] Series Patient Access Mgmt <input type="checkbox"/> [STMR] STAR Medical Records
BEFORE MAILING OR FAXING THIS FORM, BE SURE YOU...		
<ul style="list-style-type: none"> Qualify for Individual membership category. If unsure or if you are interested in Consultant or Affiliate membership, contact the InSight office at 770.270.9611 or visit the InSight Web site at www.insight-net.org. Attach a check or provide credit card information. Credit card applications can be faxed to 770.270.0632. Allow your accounting department sufficient time to process a check to mail with application if meeting a voting or conference deadline. Complete BOTH sides of this application. 		
INDIVIDUAL MEMBERSHIP BENEFITS		
<p>Membership fees are paid on a calendar year basis, January 1 - December 31. Membership fees are non-refundable, non-transferable and are not prorated.</p> <ul style="list-style-type: none"> InSight "Member only" Web site access Product-specific discussion area/bulletin boards Product-specific mail lists via list server Ability to search member list by special interest group, state/province, or member name Ability to print member information Product-specific chat rooms for committee use Advance notice of annual conference information Receive monthly email communications Eligible to attend annual conference Speaker opportunities Eligible to attend vendor-provided workshops at annual conference Eligible to vote on each matter submitted to vote of members Eligible to vote on Product Enhancements Eligible to serve on committees and in elected positions Eligible to participate in product enhancement focus groups with other McKesson Information Solutions customers Eligible for continuing education credits provided through conference attendance Networking opportunities at annual educational conference as well as through use of Web site Resource list of all Individual, Affiliate and Consultant members Access to McKesson Information Solutions and other vendor representatives 		

CODE OF ETHICS AND PROFESSIONAL CONDUCT

POLICY:

It is the policy of InSight to establish a code of ethics and professional conduct.

PURPOSE:

To ensure highest standard of professional conduct and honorable behavior of members.

PROCEDURE:

As a member of InSight, the Association for Education in Healthcare Information Technology, I pledge myself to the highest standard of professional conduct and honorable behavior in my relationships with other members, my employer, fellow employees, vendors, community and other stakeholders of InSight.

Furthermore, I join with InSight to commit to:

- Demonstrate respect for all persons.
- Professional conduct, in all my activities, which is not only legal but ethical.
- The long-term success of all stakeholders in terms broader than simply financial measures.

Ethical Principles:

Our ethical principles represent the shared values that are the foundation for all that we do. These ethical principles are:

- Treat all individuals with DIGNITY and RESPECT.
- Act with the highest level of HONESTY and INTEGRITY.
- Create and foster an environment of FAIRNESS.
- Promote positive LEADERSHIP and lead by example.
- Maintain LOYALTY to the institution that employs me, and pursue its objectives in ways that are consistent with the public interest.

Guidelines:

In working to maintain the highest standards of ethical and professional conduct, I pledge to:

- Serve all members of InSight impartially and provide no inappropriate privilege to any individual member.
- Act in the best joint interests of InSight, McKesson, and the customers of McKesson, and refuse to engage in activities that detract from these joint interests.
- Maintain the confidentiality of information of a privileged or private nature entrusted or known to me by virtue of my office or position.
- Refuse to engage in activities for personal gain that may conflict with the interests of InSight or my employer.
- Communicate internal and external statements in a truthful and accurate manner.
- Refuse to engage in, or tolerate, discrimination on the basis of race, gender, age, sexual preference, ethnicity, or religious affiliation.
- Cooperate in a spirit of collegiality with other members, and work with them in the advancement of the profession of information technology.

Obligations of Members:

It is the obligation of all InSight members to actively participate in the user group. Active participation, in addition to paying dues, shall include one or more activities such as:

- Participation in committees and special interest groups.
- Attendance at user conferences.
- Attendance at Business Meetings and other key meetings of the organization.
- Contribution of experience, information and advice when requested.