

**InSight Application Form**  
**Individual Membership**  
**January 1 - December 31**

Please print

Date / /

<b>PART I: ELIGIBILITY REQUIREMENTS FOR INDIVIDUAL MEMBERSHIP</b> <i>Each Individual member must be an employee of a license holder of one or more products of McKesson Information Solutions.</i>											
<b>PART II: GENERAL INFORMATION (REQUIRED)</b>											
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									
<b>McKesson Customer # (REQUIRED)</b> _____											
<b>Applications will not be processed without this number. (contact your IS/IT Department to obtain this number – found on ALL McKesson invoices)</b>											
<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>											
<b>Applicant Signature (REQUIRED)</b> _____											
<b>PART III: PERSON THAT REFERRED YOU TO INSIGHT</b>											
Referred by: _____		Organization: _____									
<b>PART IV: MEMBERSHIP FEE</b>											
<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>											
<b>Incomplete applications or applications submitted without payment will not be processed. Purchase Orders will not be accepted.</b>											
<b>PART V: PAYMENT METHOD (Check One)</b>											
<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											
<b>Cardholder Signature</b> _____											
<p>Make checks payable to InSight or complete the credit card information. Mail <b>completed two-page</b> 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>											
<b>PLEASE INDICATE YOUR SPECIAL INTEREST GROUPS ON THE REVERSE SIDE OF THIS APPLICATION</b> <b>THANK YOU!</b>											

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.)

<b>CLINICAL MANAGEMENT COUNCIL</b>		
<input type="checkbox"/> [HOCR] Horizon Care Record/Alerts	<input type="checkbox"/> [HOCE] Horizon Clinical Doc/Horizon Expert Doc	<input type="checkbox"/> [HOCI] Horizon Clinical Infrastructure
<input type="checkbox"/> [HOPP] Horizon <sup>WP</sup> Clinical Products	<input type="checkbox"/> [HOLB] Horizon Lab	<input type="checkbox"/> [HOMI] Horizon Medical Imaging
<input type="checkbox"/> [HOMM] Horizon Meds Manager	<input type="checkbox"/> [HOOM] Horizon Order Management	<input type="checkbox"/> [HOPF] Horizon Patient Folder
<input type="checkbox"/> [MOCO] Mobile Computing	<input type="checkbox"/> [PHYS] Physician (Education Only)	<input type="checkbox"/> [PWPM] PracticePoint Plus
<input type="checkbox"/> [SECS] Series Order Comm/Nursing	<input type="checkbox"/> [SERX] Series Pharmacy	<input type="checkbox"/> [SERD] Series Radiology
<input type="checkbox"/> [STCL] STAR Clinicals	<input type="checkbox"/> [STLB] STAR Laboratory	<input type="checkbox"/> [STRX] STAR Pharmacy
<input type="checkbox"/> [STMD] STAR Physician Products	<input type="checkbox"/> [STRD] STAR Radiology	
<b>INFRASTRUCTURE COUNCIL</b>		
<input type="checkbox"/> [PWIF] Pathways Interface Mgr/TSG/Prof Svcs	<input type="checkbox"/> [SETC] Series Technology	<input type="checkbox"/> [STIN] STAR MIS
<b>INTERNATIONAL COUNCIL</b>		
<input type="checkbox"/> [ICCL] Clinical	<input type="checkbox"/> [ICGH] General Healthcare	<input type="checkbox"/> [ICNC] Non-Clinical
<b>PARAGON COUNCIL</b>		
<input type="checkbox"/> [PACL] Paragon Clinical Applications	<input type="checkbox"/> [PARM] Paragon Resource Management	<input type="checkbox"/> [PARC] Paragon Revenue Cycle Mgmt
<input type="checkbox"/> [PATC] Paragon Technology		
<b>RESOURCE MANAGEMENT COUNCIL</b>		
<input type="checkbox"/> [HOSM] Horizon Surgical Manager	<input type="checkbox"/> [NORT] NOVA/ORBIT/TITAN	<input type="checkbox"/> [SEOR] OR Series
<input type="checkbox"/> [PWCA] Pathways Compliance Advisor	<input type="checkbox"/> [PWDS] Pathways Decision Support	<input type="checkbox"/> [PWFM] Pathways Financial Management
<input type="checkbox"/> [PWHS] Pathways Healthcare Scheduling	<input type="checkbox"/> [PWMM] Pathways Materials Mgmt	<input type="checkbox"/> [SEFN] Series Finance
<input type="checkbox"/> [STFN] STAR Finance	<input type="checkbox"/> [SSOS] Surgi-Server/Omni-Server	<input type="checkbox"/> [TREN] TRENDSTAR
<b>REVENUE CYCLE MANAGEMENT COUNCIL</b>		
<input type="checkbox"/> [ELEC] EC2000/Transactions Solutions Hub	<input type="checkbox"/> [HOPA] Horizon Passport	<input type="checkbox"/> [HOFO] Horizon <sup>WP</sup> Revenue Cycle Products
<input type="checkbox"/> [HQAM] HealthQuest Access Management	<input type="checkbox"/> [HQRM] HealthQuest Receivables Mgmt	<input type="checkbox"/> [PCON] Pathways Contract Management
<input type="checkbox"/> [PRIS] Precision 2000	<input type="checkbox"/> [SEMR] Series Health Information Mgmt	<input type="checkbox"/> [SEPM] Series Patient Access Mgmt
<input type="checkbox"/> [SEPA] Series Patient Accounting	<input type="checkbox"/> [STPP] STAR ADT/Scheduling	<input type="checkbox"/> [STMR] STAR Medical Records
<input type="checkbox"/> [STPA] STAR Patient Accounting		

**BEFORE MAILING OR FAXING THIS FORM, BE SURE YOU...**

- 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](http://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**

Membership fees are paid on a calendar year basis, January 1 - December 31. Membership fees are non-refundable, non-transferable and are not prorated.

- 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**

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**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.