



## HSS Rehab Network – Weblink Policy

**Current state:** HSS develops webpages supporting and describing the Network practice. The link to this home page is directed from the Find a Provider, zip code search page on HSS.edu ([HSS Rehabilitation Network - Find a Provider](#)).

**Future state as of 2022:**

Network clinics will have an opportunity for their webpage to be linked out to from the HSS Rehab Network zip code page, whereby a clinic in the link as indicated above will link out to the primary web page specific to the Network member location. This link will take the place of the current Rehab Network practice location webpage on the HSS web.

**In order to be eligible for this offering:**

1. Network clinic must have location specific pages so the link goes out to the specific Network location versus a main Company page. This is particularly relevant for Network members whereby some of the clinic locations are Network members, while others are not. If the Company does not have a page specific to the Network location that is a Network member, then HSS will maintain the HSS webpage Rehab Network dedicated location pages describing the clinic.
2. Network clinic must include the following link and text on that page with these links on the main location page and clearly displayed: [Practice name] is a participating member of the [Hospital for Special Surgery Rehabilitation Network](#). Learn more about [Hospital for Special Surgery](#), #1 in the world for orthopedics.
3. Network clinic may use the HSS approved Network member badge on its website if it so chooses, but must use the aforementioned text with links for HSS to link back to the Network clinic’s site.

If the preference of the Network practice is to not leverage this direct link, HSS will maintain the HSS webpage rehab Network dedicated location pages describing the clinic.

Failure to abide by the requirements for eligibility will result in the link out to the clinic being removed from the HSS Rehab Network site.

By signing this agreement, I certify that the company practice within the HSS Rehab Network will abide by the requirements which allow us to be eligible for this offering.

\_\_\_\_\_  
Print Name, Position

\_\_\_\_\_  
Clinic Name, Location City

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date