

This form should be used to add a **new service/practice** or practitioner(s) to the Health Provider Registry (HPRy) and to **update service/practice** and practitioner details. Please refer to the [HPRy Conditions of Use](#) and [HPRy Privacy Policy](#) when completing this form.

## Person completing this form

Title: ..... First name: ..... Surname: .....

Position: .....

Check the reason/s for this form:

- Adding a new service/practice
- Adding/removing/editing practitioner(s)
- Updating my service/practice details

## Service/Practice details (complete this section when adding or updating service/practice/practitioner(s) details)

Service/Practice Name: .....

Service/Practice Type: .....

Service/Practice Email: .....

Phone: (08) ..... Fax: (08) .....

Street address: .....

Suburb: ..... State: ..... Postcode: .....

Postal address (if different from above): .....

Suburb: ..... State: ..... Postcode: .....

\*Communication Preference:      Fax      Share File (email)      \*\*PKI Certificate      Post

\*Communication preference refers to how your practice will receive patient notifications, discharge summaries and health alerts.

\*\*PKI Certificate requires your service/practice to have a PKI location certificate installed

## Practitioner details (use this section to ADD, REMOVE or EDIT practitioners for your service/practice)

Add practitioner     Remove practitioner    Edit practitioner

Title: ..... First name: ..... Middle Initial: ..... Surname: .....

Gender:      Female      Male

Provider Number: ..... (mandatory)

Personal email: ..... *(Must be practitioner personal email)*

Professional Type: ..... Subtypes: .....

Qualifications: .....

Spoken languages (other than English): .....

Add practitioner   
  Remove practitioner   
  Edit practitioner

Title: .....First name: ..... Middle Initial: ..... Surname: .....

Gender:    Female    Male

Provider Number: ..... (mandatory)

Personal email: ..... *(Must be practitioner personal email)*

Professional Type: ..... Subtypes: .....

Qualifications: .....

Spoken languages (other than English): .....

Add practitioner   
  Remove practitioner   
  Edit practitioner

Title: .....First name: ..... Middle Initial: ..... Surname: .....

Gender:    Female    Male

Provider Number: ..... (mandatory)

Personal email: ..... *(Must be practitioner personal email)*

Professional Type: ..... Subtypes: .....

Qualifications: .....

Spoken languages (other than English): .....

Add practitioner   
  Remove practitioner   
  Edit practitioner

Title: .....First name: ..... Middle Initial: ..... Surname: .....

Gender:    Female    Male

Provider Number: ..... (mandatory)

Personal email: ..... *(Must be practitioner personal email)*

Professional Type: ..... Subtypes: .....

Qualifications: .....

Spoken languages (other than English): .....

Add practitioner   
  Remove practitioner   
  Edit practitioner

Title: .....First name: ..... Middle Initial: ..... Surname: .....

Gender:    Female    Male

Provider Number: ..... (mandatory)

Personal email: ..... *(Must be practitioner personal email)*

Professional Type: ..... Subtypes: .....

Qualifications: .....

Spoken languages (other than English): .....



# Health Practice and Practitioner Form

I ..... have read and understand the Conditions of Use and hereby give the Health Provider Registry (HPRy) permission to use the above details for the purposes stated in the Conditions of Use

Signature: .....

Date: .....

**Save this document before emailing!**

Click here to send completed form by email **to the HPRy or**

**Print, Scan and email to [hpry@summithealth.org.au](mailto:hpry@summithealth.org.au)**

**For phone enquiries call 08 8406 7797**