

STS AddressBook Individual Update Form

This document is used for General Practitioners to update their information within the Queensland Health - STS (Secure Transfer Services) AddressBook for registration to the Health Provider Portal (HPP).

How to complete form:

The form can be saved on your computer and updated when required.

To save, select the 'Save' button. If you need to update any information, all you need to do is make and save any changes and then hit the 'SUBMIT by Email'. There is no need to print or fax the form as it will be sent by email.

STS AddressBook Update Type

Select the type of update from the drop down menu tab.

'New' - Select to add a General Practitioner to the STS AddressBook.

'Update' - Update General Practitioner details within a General Practice.

'Remove' - Select to remove a General Practitioner from the STS AddressBook.

Section 1 - Organisation Details

This section is used to confirm the General Practice Address and Contact details. Please note that all fields within this section are mandatory except for the website and fax number.

Section 2 - Health Practitioner Details

This section is used for listing a current Practitioner working within a General Practice.

Healthcare Provider Identifier - Individual (HPI-I) will be required as part of the authorisation process. Please supply this, to avoid any delays in creating your HPP access.

When complete select the 'Submit By Email' - 'STS_External-Alerts@health.qld.gov.au' or print and fax to 07 3726 4720.

Please complete ALL relevant sections of the registration form on page 2.

Form Version 2.1

STS Addressbook Update Type:

Section 1 - Organisation Details

* = mandatory fields

Organisation name*	<input type="text"/>		
Organisation address*	<input type="text"/>	Postcode*	<input type="text"/>
Postal address (If different to organisation)	<input type="text"/>	Postcode	<input type="text"/>
Health Services Offered <small>e.g. General Practice; Specialist; Aged Care; Community Health; as well as a description of the OrganisationSpecialty e.g. Rheumatology; Neurology; Oncology etc.</small>	<input type="text"/>		
Phone*	eg 07xxxxxxx <input type="text"/>	Fax	eg 07xxxxxxx <input type="text"/>
Contact name*	<input type="text"/>	Position*	<input type="text"/>
Website	<input type="text"/>		
Contact email*	<input type="text"/>		

Section 2 - Health Practitioner Details

Please list Practitioner in this section

Title	First Name	Middle Name	Last Name	Provider Number
<small>If your Title does not appear in the drop down box below, please type in your title</small>	Name provided needs to be the same as your registered AHPRA number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HPI-I Number (16 Numbers)	<input type="text"/>		AHPRA Number (13 Characters)	<input type="text"/>

If you have any questions in regards to this form, please email STS_External-Alerts@health.qld.gov.au

All users:

Once you have completed filling out this form please click on the SUBMIT button to send it electronically to Queensland Health.

If you are having difficulties sending this via the SUBMIT button, please click on the PRINT button and fax to 07 3726 4720.