



HEALTH PROVIDER REGISTRY (HPRy)

Consent Form

Allied Health Professional Contact Details

Personal Details

Title: _____	First Name: _____	Middle Initial* _____	Surname _____
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		Mobile: _____	
Personal E-Mail: _____			
Type _____		Subtypes : _____	
(see reverse side of this page for a list of types)			
Name of Professional Association: _____			

Practice Details private rooms only (where you want your patient records to go)

<u>Primary Location</u>			
Practice Name: _____			
#Street Address: _____			
Suburb: _____	State: _____	Postcode: _____	
#Postal Address: (If different above) _____			
Suburb: _____	State: _____	Postcode: _____	
Phone: _____	Fax: _____	Provider No:* _____	(mandatory – if applicable)
Practice E-Mail (reception): _____			
Preferred mode of contact: Fax <input type="checkbox"/> Practice E-Mail <input type="checkbox"/> Post <input type="checkbox"/>			
(if you have more than one location please photocopy)			

Practice Access Details (to receive a logon to the HPRy for the above location)

Please complete once per location only;	
Username (organisation's email address) : _____	
Password (minimum 8 characters) : _____	
I _____ (full name) wish to apply for a subscription to the HPRy on behalf of the above stated organisation and agree to the conditions of use as stated on the reverse of this page.	
Signature	: _____
Date	: _____
note : a confirmation fax will be sent to confirm your account details.	

I give the Health Provider Registry (HPRy) permission to use the above details for the purposes stated in the HPRy Information Brochure.

Signature

Date

Please fax back to: 1800 00 11 40 (FREE FAX)

TYPES	SUB-TYPES
Audiologist	
Chiropractor	
Diabetes Educator	
Dietitian	Aged care, Allergy & food sensitivity, Bone/joint conditions, Cardiac care/hyperlipidaemias, Coeliac disease, Diabetes, Genetic and metabolic disorders, Indigenous health, Infant feeding, Paediatrics, Polycystic ovarian syndrome, Renal disease, Vegetarian eating, Weight management
Exercise Physiologist	Medicare EPC items, Type 2 diabetes, group sessions, WorkcoverSA, Department of Veteran's Affairs, Private Health Insurance, Comcare, Physical activity in the Ageing
General Practice Nurse	
Mental Health Nurse	
Occupational Therapist	Acute, Aged care, Community health, Disability, Driving, Hand/upper limb, Medico-legal, Mental health, Neurology, Occupational health, Paediatrics, Palliative care, Rehabilitation
Osteopath	
Pharmacist	
Physiotherapist	
Podiatrist	Children, Diabetes, Home visits, Nail Surgery, Nursing homes, Sports injuries
Psychologist	Clinical Psychologist, Clinical Neuropsychologist, Forensic Psychologist, Counselling Psychologist, Educational and Developmental Psychologist, Health Psychologist, Organisational Psychologist, Sport Psychologist
Social Worker	
Speech Pathologist	

Practice Access - Conditions of use:

- Information on the Health Provider Registry (HPRy) can only be used for direct patient care. It cannot be used for general mail outs or notifications. This is deemed as the purpose.**
- The subscriber is permitted to share the supplied username and password between staff within the above stated location (concurrent access allowed).
- The subscriber must ensure that all online access and paper copies are maintained securely within the organisation and that the subscriber shall implement processes whereby passwords and user names are kept confidential and whereby their use is restricted to the purpose.
- The HPRy contains a seed record to track inappropriate use as per purpose i.e. a fictitious doctor and location has been entered on the HPRy.
- The subscriber must advise SADI immediately if there is reason to suspect that the HPRy is being used contrary to the purpose.
- The data and intellectual property of the HPRy and all printed versions at all times remain the property of the SA Divisions of General Practice Inc.
- The SA Divisions of General Practice Inc reserves the right to withdraw a subscriber's access.
- The subscriber must not sub-licence, assign, share, sell, rent, lease or otherwise transfer its right to use or access the HPRy without the prior consent of SADI.
- The HPRy can only be accessed through the HPRy website www.healthproviders.com.au
- The organisation agrees to advise the Health Provider Registry of any data quality issues by contacting hpry@sadi.org.au.
- SADI does not warrant, guarantee or make any representation regarding the use, or the results of the use, of the HPRy in terms of correctness, accuracy, reliability, functionality or otherwise.
- SADI or its employees will not be responsible for any loss, damage, cost or expense suffered or incurred by the subscriber as a result of or arising from the subscriber's failure to access the HPRy or the quality of data contained within.
- SADI will add an organisation's email address (as stated in the above username field) to a mailing list in order to keep subscribers informed of updates to the service.
- A full privacy policy can be viewed at www.sadi.org.au/hpry