

STS AddressBook Individual Update Form

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

For a full practice update, please update using the full STS AddressBook form.

Before completing this form, please download and open the form with Adobe Reader. If you populate the form within your web browser, you will not be able to save the data entered.

Once completed, save the form locally with the completed information. This will allow you to open and modify for future updates, modifying the data where required, saving and resubmitting.

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 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.

Once complete, select the 'Submit By Email' or save and email as an attachment to "STS_External-Alerts@health.qld.gov.au".

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

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 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"/> |

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 save the completed form and email as an attachment to STS_External-Alerts@health.qld.gov.au