

# STS AddressBook Update Form

Version 7.3

This document is used for General Practices to update their information within the Queensland Health - STS (Secure Transfer Services) AddressBook for the delivery of Discharge Summaries and Clinical Letters.

## How to complete form:

**STS AddressBook Update Type** - Select the type of update from the drop down menu tab.

**"New"** - Select to add a General Practice to the STS AddressBook.

**"Update"** - Update General Practice details and Practitioner details within a General Practice.

**"Remove"** - Select to remove a General Practice from the STS AddressBook. (General Practice is closing down).

## 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 - EDS / Clinical Letters

This section is used for determining the method for delivery of EDS (Electronic Discharge Summary) and Clinical Letters.

**Preferred Delivery Method** - From the dropdown menu select a preferred method to be able to receive EDS and Clinical Letters - **"Electronic"**, **"Post"** or **"Fax"**.

**Medicare Site Certificate ID** - Required for Medical Objects.

**Electronic Messaging Provider** - If selecting delivery method **"Electronic"** select your messaging provider from the dropdown menu.

**Please indicate Health Link - EDI Account or Other** - If selecting electronic for delivery method we require your messaging agent account details.

Health Link - EDI

Medical Objects - Medicare Certificate ID

(Please note if you are unsure of these details please contact your messaging agent)

**In the event we cannot send you an electronic message, which method of delivery would you prefer:** Select **"Post"** or **"Fax"**. Note: For Fax enter the fax number under "Organisation Details" **"fax"**.

**If you have 2 Message Providers, In the event we cannot contact you using your preferred Messaging Provider, can we use another** - If another messaging provider is selected from the dropdown menu please provide account details as above - This can be added in the **"Please indicate Health Link - EDI Account or Other"** field.

**Clinical Software** - Select your clinical software from the dropdown menu. If selecting other please enter details under **"Other Software"**.

## Section3 - Health Practitioner Details:

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

Please note: If updating general practitioner details enter **ALL current practitioners**.

Practitioners not provided on the form will be removed from the General Practice within the STS AddressBook.

When complete select the "Submit By Email" bottom of page 2 - STS\_External-Alerts@health.qld.gov.au or print and fax to 07 3872 0371

Form Version:

STS Addressbook Update Type:

## Section 1 - Organisation Details

\* = mandatory fields

<b>Organisation name*</b>			
<b>Organisation address*</b>			<b>Postcode*</b>
<b>Health Services Offered</b> <small>e.g. General Practice; Specialist; Aged Care; Community Health; as well as a description of the Organisation Specialty e.g. Rheumatology; Neurology; Oncology etc</small>			
<b>Phone*</b>	eg 07xxxxxxx	<b>Fax</b>	eg 07xxxxxxx
<b>Contact name*</b>			<b>Position*</b>
<b>Website</b>			
<b>Contact email*</b>			

## Section 2 - EDS / Clinical Letters

<b>Organisation Electronic Information</b>	Preferred Delivery Method	Medicare Site Certificate ID (Medical Objects)		
Electronic Messaging Provider		Please indicate Healthlink - EDI Account or Other		
Other relevant information	In the event we cannot send you an electronic message, which method of delivery would you prefer?	<input type="checkbox"/>	Post	<input type="checkbox"/>
Clinical software		Clinical Software Version		
Other software		CDA Ready	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
HPI-O Number				

## Health Practitioner Details:

Please List **ALL** Practitioners in this section - Practitioners not listed will be removed from your Practice within the STS AddressBook.

Title <small>If your Title does not appear in the drop down box below, please type in your title</small>	First Name	Middle Name	Last Name	Provider Number
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				

Title <small>If your Title does not appear in the drop down box below, please type in your title</small>	First Name	Middle Name	Last Name	Provider number
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				

**All Users**

Once you have completed filling out this form please click on the **SUBMIT** button (in the above page) to send this electronically to Queensland Health. If you are having difficulties sending this via the SUBMIT button, please click on the **PRINT** button and fax or mail your form to the correct area below:

Title <small>If your Title does not appear in the drop down box below, please type in your title</small>	First Name	Middle Name	Last Name	Provider Number
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				

**All Users**

Once you have completed filling out this form please click on the **SUBMIT** button (in the above page) to send this electronically to Queensland Health. If you are having difficulties sending this via the SUBMIT button, please click on the **PRINT** button and fax or mail your form to the correct area below:

Title <small>If your Title does not appear in the drop down box below, please type in your title</small>	First Name	Middle Name	Last Name	Provider Number
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				
<input type="text"/>				
HPI-I Number				

**All Users**

Once you have completed filling out this form please click on the **SUBMIT** button (in the above page) to send this electronically to Queensland Health. If you are having difficulties sending this via the SUBMIT button, please click on the **PRINT** button and fax or mail your form to the correct area below:

## General Information

Please complete ALL relevant sections of the registration form. Following is a Reference Guide to assist with completing this application form.

If you have any further questions, please email [STS\\_External-Alerts@health.qld.gov.au](mailto:STS_External-Alerts@health.qld.gov.au)

### What is a Medicare Site Certificate ID?

This is the 10 digit certificate number (also known as a site certificate registration number or PKI certificate ID) of your Digital Location/Site certificate that you must request from Medicare Australia.

If your practice has a Site/Location certificate you can look it up on [http://www.certificates-australia.com.au/general/cert\\_search\\_health.shtml](http://www.certificates-australia.com.au/general/cert_search_health.shtml)

If your practice does not have a Medicare site certificate then contact Medicare Australia.

### Which Electronic Messaging Method can you choose from?

This is how you receive electronic patient documents such as Pathology results. There are two (2) options:

Health Link	1800 125 036
Medical Objects	(07) 5456 6000

Queensland Health can operate with all of the messaging agents. The delivery method is up to the individual practice.