



Healthcare Identifiers Service Application to amend a contracted service provider officer's details (HW047)

When to use this form

Use this form to amend the personal details of a contracted service provider (CSP) officer's details in the Healthcare Identifiers (HI) Service. If you need to amend details for more than one CSP officer, complete a separate form for each officer. For additional copies of this form, go to servicesaustralia.gov.au/hiservice

Identifying information

If you are changing identifying information such as your name, date of birth or gender, you will need to provide certified documentary evidence which supports your changes (for example, marriage certificate).

Role of a contracted service provider officer

A CSP officer is responsible for:

- the creation of a CSP organisation
- retiring the CSP organisation if the organisation is no longer operating in that capacity
- requesting to reinstate a CSP organisation record that has been retired in error
- updating their own demographic details
- updating the details of the CSP organisation they represent.

A CSP organisation must have one and up to a maximum of 3 CSP officers linked.

If more than one CSP officer is required to be linked to a CSP organisation after registration, a **Healthcare Identifiers Service Application to add, replace or remove a contracted service provider officer (HW046)** form must be completed for each additional CSP officer.

For more information

Go to servicesaustralia.gov.au or call 1800 222 032 Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

For more information about the HI Service, you can:

- go to servicesaustralia.gov.au/hiservice
- email healthcareidentifiers@servicesaustralia.gov.au

There may be risks with sending personal information through unsecured networks or email channels.

- call 1300 361 457 Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.

Applicant's details

1 CSP officer registration number (if known)

2 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

3 Date of birth (DD MM YYYY)

4 Your gender

Male

Female

Non-binary

5 Business address

Postcode

6 Business phone number (including area code)



MCA0HW047 2412

Amend a contracted service provider officer's record

7 I would like to:

Tick all that apply

- remove, add or amend my personal details
- remove, add or amend my address details **Go to 15**
- remove, add or amend my contact details **Go to 18**
- record a CSP individual as deceased **Go to 21**

Personal details

8 I would like to:

Tick one only

- remove my personal details
- amend new personal details
- add my personal details **Go to 12**

Existing personal details

9 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

10 Date of birth (DD MM YYYY)

11 Your gender

Male

Female

Non-binary

New personal details

12 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

13 Date of birth (DD MM YYYY)

14 Your gender

Male

Female

Non-binary

Go to 25

Address details

15 If you have more than one address recorded, you may choose to remove one.

I would like to:

Tick one only

- remove my address details
- amend new address details
- add my address details **Go to 17**

Existing address details

16 Business address

 Postcode

Postal address (if different to above)

 Postcode

New address details

17 Business address

Tick your preferred address

 Postcode

Postal address (if different to above)

 Postcode

Go to 25

Contact details

18 If you have more than one contact details recorded, you may choose to remove one.

I would like to:

Tick one only

- remove contact details
- amend contact details
- add contact details **Go to 20**

Existing contact details

19 Business phone number (including area code)

Mobile phone number

Fax number (including area code)

Email

New contact details

20 Business phone number (including area code) **Tick one preferred method of communication**

Mobile phone number

Fax number (including area code)

Email

Go to 25

Deceased person's details (if applicable)

21 Deceased person's CSP registration number (if known)

22 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

23 Date of birth (DD MM YYYY)

24 Your relationship to the deceased person

Privacy notice

- 25** Your personal information is protected by law, including the *Privacy Act 1988* and is collected by Services Australia and the service operator of the Healthcare Identifiers Service, for purposes related to the operation of the Healthcare Identifiers Service. The collection of this information is authorised by the *Healthcare Identifiers Act 2010*, and is required to process your application.
- Your information may be used by Services Australia, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).
- You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy, at servicesaustralia.gov.au/privacypolicy

Declaration

26 I declare that:

- I will only access and use healthcare identifiers for the purposes defined in the *Healthcare Identifiers Act 2010*.
- the information I have provided in this form is complete and correct.

I understand that:

- penalties for unauthorised access and misuse apply under the *Healthcare identifiers Act 2010*.
- giving false or misleading information is a serious offence.

Applicant's signature



Date (DD MM YYYY)

Returning this form

Return this form and any supporting documents by:

- email to healthcareidentifiers@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.
- fax to 03 9605 7987
- post to
Services Australia
HI Service
GPO Box 2987
MELBOURNE VIC 3001