



Practice Incentives Program Indigenous Health Incentive practice register authority

Purpose of this form

Complete this form for your practice details to be included on the Practice Incentives Program (PIP) Indigenous Health Incentive practice register. To be included on the practice register, your practice must be registered for the PIP Indigenous Health Incentive.

Practice information on the register may be made available to hospitals, general practices, Aboriginal Medical Services, Indigenous health services, patients and other people who can contact Services Australia and request this information.

This authority will remain valid from the date signed unless it is withdrawn in writing.

For more information

Go to servicesaustralia.gov.au/pip

If you need assistance completing this form, email pip@servicesaustralia.gov.au

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

Alternatively, you can call **1800 222 032** Monday to Friday, between 8.30 am and 5.00 pm, Australian Central Standard Time.

Note: Call charges may apply.

Practice Incentives Program Indigenous Health Incentive practice register authority

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS

Practice details

Complete the following questions using your Practice ID and details registered with us.

1 Practice ID

2 Australian Business Number (ABN)

3 Practice name

4 Full practice address – main practice address

The practice address should be the practice location that provides the highest number of services per year.

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

5 Practice phone number

Practice fax number

Practice email

Privacy notice

6 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of administering the Practice Incentives Program Indigenous Health Incentive practice register.

Your personal 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/privacy

Declaration

The authorised contact person must be registered on the practice profile in the Practice Incentives Program.

7 I consent to:

- the use and disclosure of the practice information provided on this form.

I declare that:

- I am the authorised contact person for the practice listed in this form.

I understand that:

- the practice details on this form may be made available or given to other parties, including hospitals, other general practices and Indigenous health services for the purpose of assisting patients to locate practices that are registered for the Practice Incentives Program Indigenous Health Incentive.

Authorised contact person's full name

Authorised contact person's signature

Date

Returning your form

Check that all required questions are answered and that the form is signed and dated.

Fax the completed form to **1300 587 696**.