



Application Form for Location Access to Health Provider Registry (HPRy)



Location Details: (please print)

Applicant's Name : _____

Location Name(s) : _____

Location Address : _____

Suburb : _____ State : _____ Postcode : _____

Username (location email address) : _____

Password (minimum 8 characters) : _____

The Health Provider Registry is an initiative of General Practice SA Inc (GPSA)

Conditions of use

1. **Information on the Health Provider Registry (HPRy) can only be used for direct patient care. This is deemed as the purpose. It cannot be used for general mail outs or notifications.**
2. The practice is permitted to share the supplied username and password between staff within the above stated location (concurrent access allowed).
3. The practice must ensure that all online access and paper copies are maintained securely within the practice and that the practice shall implement processes whereby passwords and user names are kept confidential and whereby their use is restricted to the purpose.
4. The HPRy contains a seed record to track inappropriate use as per purpose ie a fictitious doctor and location has been entered on the HPRy.
5. The practice must advise GPSA immediately if there is reason to suspect that the HPRy is being used contrary to the purpose.
6. The data and intellectual property of the HPRy and all printed versions at all times remain the property of GPSA.
7. GPSA reserves the right to withdraw a practice's access.
8. The practice 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 GPSA.
9. The HPRy can only be accessed through the HPRy website www.healthproviders.com.au
10. The practice agrees to update changes such as health provider movements by using the HPRy website.
11. GPSA 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.
12. GPSA or its employees will not be responsible for any loss, damage, cost or expense suffered or incurred by the practice as a result of or arising from the practice's failure to access the HPRy or the quality of data contained within.
13. GPSA will add a practice's email address (as stated in the above username field) to a mailing list in order to keep practices informed of updates to the service.
14. A full privacy policy can be viewed at www.gpsa.org.au/hpry

To apply for access please fill in the following then free fax to 1800 00 11 40

I _____ (full name) wish to apply for a free subscription to the HPRy on behalf of the above stated practice and agree to the conditions of use as stated on this page.

Signature : _____

Date : _____

A service provided by General Practice SA Inc (peak body for the 14 Divisions in SA) and your Division of General Practice, College or Professional Association. Sponsored by SA Health.