

STS AddressBook Update Form

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:

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 or fax 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 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.

CDA - Did you know that electronic Discharge Summaries (DS) are now available in Clinical Document Architecture (CDA) format? Additional Information can be found on pages 6 - 7.

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

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

Medicare Site Certificate ID - Required for Medical Objects.

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.

Healthcare Provider Identifier - Individual (HPI-I) will be required as part of the authorisation process for when the VIEWER becomes available online to General Practitioners. Please supply this, to avoid any delays in creating your viewer access when it becomes available.

When complete select the "Submit By Email"- "STS_External-Alerts@health.qld.gov.au" or print and fax to 07 3726 4720.

Additional Information can be found on pages 6 - 7.

Form Version:

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 as 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 - EDS / Clinical Letters

Organisation Electronic Information	Preferred Delivery Method <input type="text"/>	Medicare Site Certificate ID (Medical Objects) (10 Numbers) <input type="text"/>
Electronic Messaging Provider <input type="text"/>	Please indicate Healthlink - EDI Account or Other <input type="text"/>	
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"/> Fax	If you have 2 Message Providers, In the event we cannot contact you using your preferred Messaging Provider, can we use another? <input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical software <input type="text"/>	Clinical Software Version <input type="text"/>	<input type="text"/>
Other software <input type="text"/>	CDA Ready <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
HPI-O Number (16 Numbers)	<input type="text"/>	

Health Practitioner Details:

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

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"/>	<input type="text"/>	AHPRA Number (13 Characters)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HPI-I Number (16 Numbers)	<input type="text"/>	<input type="text"/>	AHPRA Number (13 Characters)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HPI-I Number (16 Numbers)	<input type="text"/>	<input type="text"/>	AHPRA Number (13 Characters)	<input type="text"/>

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 (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	

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 (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	

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 (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	
<input type="text"/>				
HPI-I Number (16 Numbers)			AHPRA Number (13 Characters)	

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

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

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.

CDA (Clinical Document Architecture) Overview

Existing message exchange formats HL7 impose restrictions on clinical documents and the information that can be presented.

Discharge summaries (DS) can now be presented in an easier to read and more structured format which now includes Pathology and Radiology results, this new format is called Clinical Document Architecture (CDA).

Queensland Health is successfully sending discharge summaries in the new CDA format to practices uses the following Practice Management Systems:

Medical Director V 3.16b or higher
Genie V8.8.6 or higher
ZedMed all versions
Best Practice - LAVA edition or higher (Includes Indigo)

What is required

Your practice will need to be using the necessary software versions, be enabled in Queensland Health system to receive discharge summaries electronically and be willing to allocate some time to assist with testing, verifying content and data validation.

Practice Management Software

If your practice is interested in receiving Discharge Summaries in a more desirable format and your practice management software meets the below minimal requirements. Please contact us via email EDSTV-Corro@health.qld.gov.au to have your practice set-up.

Medical Director

Medical Director 3.16b or newer.

Note: If you have not received an automatic prompt to upgrade/install Medical Director v3.16b, or your practice requires assistance with upgrading, please contact Medical Director on 1300 788 802.

Genie Solutions

Genie Solutions version v8.8.6 or newer.

Note: If your practice requires assistance with upgrading versions please contact Genie Solutions via email support@geniesolutions.com.au or phone 07 3870 4085.

ZedMed

All versions of ZedMed are compliant.

Best Practice

Best Practice LAVA edition (Includes Indigo) or newer.

Other Practice Management Software

If the practice management software you use is not listed above, and your practice is interested in receiving DS in CDA format, please contact us via email EDSTV-Corro@health.qld.gov.au to see what can be done.