

Password Registration Form Doctor / Health Care Provider

Confidentiality and security:

To ensure the protection of information relating to women on the Pap Smear Register and to safeguard against disclosure of information to unauthorised persons, the Register will utilise the health practitioner's unique password. This password can be used when making a request for a woman's screening history, and will enable the Register to process requests from health practitioners more efficiently.

Please print using a dark pen:

NEW USER

MODIFY EXISTING USER

Medicare Provider number (if applicable) _____

State Identifier number (if applicable) _____

This is as a result of the Authorisation Process for RN Pap Smear Providers – for more details contact the CNC - QCSP

First Name/s: _____

Last Name: _____

Work Address: _____

Suburb: _____

Post Code: _____

Work Telephone: _____

Mobile: _____

Fax: _____

Email: _____

Speciality: _____

(eg: Gynaecologist, General Practitioner, Mobile Women's Health Nurse or Registered Nurse/Midwife)

Password: _____

Please nominate your PIN: _____

If you do not nominate your own PIN, one will be automatically generated. You will receive written confirmation of your PIN (for new RNPSP with your PSR State Identifier).

Signature: _____

Date: _____

Please send this form to the:

Queensland Health Pap Smear Registry
PO Box 6085
Buranda QLD 4102

Or fax to:

07 3896 3843

Any questions?

Freecall 1800 777 790

<p>Office use only:</p> <p>Date: _____</p> <p>Password: _____</p> <p>Verified: YES / NO</p> <p>Entered: YES / NO</p> <p>Data officer sign: _____</p>
