

Ancillary provider recognition application

This form can be completed online by typing in the fields below. The completed form can be returned by email to provreg@hbf.com.au. Please allow up to 5 business days for processing.

Please note: This application will be returned if all relevant documentation/information is not supplied. Please print clearly and complete **all** sections. If a section isn't applicable to you please write N/A and do not leave blank.

1 Applicant details

Title Given names Family name

Have you been, in the past or currently, known by any other names? If so, please specify

Postal address (All HBF written communications will be directed to this address) Postcode

Contact number

Profession/s for which you are seeking HBF Provider Registration

Providers of the services listed in this section must maintain membership with a HBF accredited association who is accredited for that type of service. A listing of HBF accredited associations and their respective modalities can be found at www.hbf.com.au

Hypnotherapy Nutritionist

Have you ever had any criminal convictions for stealing, fraud or any other matters of dishonesty? Yes No

2 Criteria

Please complete the applicable criteria details for your profession

HBF Approved Association Membership/registration must be currently active.

Registration number Expiry date Service

Do you have, or have had, any conditions or restrictions on your registration with your professional body? If so, please specify

Additional Approved Association Membership/registration must be currently active.

Registration number Expiry date Service

Do you have, or have had, any conditions or restrictions on your registration with your professional body? If so, please specify

3 Practice details for which HBF provider registration is requested

Please complete details for each location. This page can be photocopied if necessary.

Name of practice registered

Email address of practice

Is this practice: New Existing

Street address of practice (PO Box is not acceptable)

Postcode

Phone number

What date did you commence/intend
to commence practice at this location?

Additional name of practice registered

Email address of practice

Is this practice: New Existing

Street address of practice (PO Box is not acceptable)

Postcode

Phone number

What date did you commence/intend
to commence practice at this location?

4 Declaration

Please read carefully prior to signing the declaration below.

It is important that prospective providers are fully aware of the information listed below, prior to signing the declaration.

I understand that:

- The provider number I am applying for is not transferable to any other practice location or provider.
- Should any information contained in this application change, HBF is to be notified within 14 working days of the change.
- No benefit will be payable for services rendered to a 'relative' of the provider, when a 'relative' is a person included on the same HBF policy as the treating provider.
- Registration by HBF is subject to compliance with conditions imposed by HBF at or after the time of registration.
- Providing false or misleading information on this form will result in immediate revocation of my registration as an HBF Provider and will be subject to disciplinary action

I (full name)

declare that all the information and attachments supplied are true and correct. I agree to comply with all conditions of registration, specified by HBF now and in the future. This includes requirements outlined in this document and any others provider documents I may receive.

Signature of applicant

Date

Your privacy

HBF Health Limited (**HBF**) complies with the *Privacy Act 1988* (Cth) to ensure that your personal (including sensitive) information (**Information**) is protected. We collect your information when we accept your application to become an HBF Provider (**Provider**) and we may collect further personal information whilst you are a Provider. We will generally collect your personal information during a face-to-face interview, over the telephone, through an online form or by way of a paper based form (including application forms).

Some personal information is deemed to be sensitive information. We will treat sensitive information with particular care.

Consent

By applying for registration as an HBF Provider you are taken to agree to the collection by HBF of your personal information in connection with your application and:

- that your personal information can be used or disclosed by us as contemplated in this Privacy Statement.
- to us transmitting your personal information overseas where the transmission is directly related to your registration as an HBF Provider.

The information we may collect

Usually we will collect details of your name, address, age, telephone number, facsimile number, email address, professional qualifications, registration and practice details. HBF sometimes use service providers who either host or store personal information overseas. This means we may transfer information about you between countries to those service providers, if required, for the purposes noted above. However, in all such cases, we will take reasonable steps to ensure all entities to whom we transfer your personal information comply with the *Privacy Act 1988* (Cth), including ensuring appropriate security measures are taken by those entities to protect your personal information from unauthorised access and use.

How HBF will use and disclose your information

HBF may use, and if necessary disclose, your personal information:

- to pay benefits to HBF members,
- to promote you as a provider on the HBF website, and
- to your relevant professional association and external consultant to review the claims history of HBF members.

You also give your consent to the relevant member of the HBF Group of Companies (**HBF Group**) sharing your personal information (including sensitive information) with other members of the HBF Group for the purpose of preventing and detecting fraudulent or invalid claims or misrepresentation which would cause loss to the HBF Group.

Members of the HBF Group may also share and use this information for the purpose of providing you with material, such as articles and information about Provider arrangements that may be of interest to you. You may request not to receive such information by contacting us. Please allow five working days for your request to be actioned.

HBF has a range of obligations under the Private Health Insurance Act 2007 (Cth) and related regulations that impact on its collection and disclosure of personal information. In effect, these require HBF to maintain records, report to regulatory authorities, and to meet various requirements in relation to providing private health insurance. If you apply to become a Provider, HBF would be required to collect information such as your contact details and information that verifies that you are eligible to be a provider. HBF is also required to make certain information and records available to auditors, actuaries and public authorities including the Department of Health and Ageing, the Private Health Insurance Ombudsman and Medicare Australia. We will disclose this and any other information as required by law.

If you do not wish to provide information

If you do not wish to provide personal information, we may not be able to register you as a Provider and pay benefits to members for services you provide.

Accessing your information

In most circumstances you have a right to access any personal information which we collect and hold about you. Please contact us if you wish to access your personal information. We may deny your request in some circumstances and if we do this, we will tell you why. Further details on the way we handle personal information are in our Privacy Policy, which is available at hbf.com.au or on request by calling a member service advisor on 133 423.

HBF collects, uses and discloses your Information in accordance with our Privacy Policy, which is available at hbf.com.au or on request by calling an HBF member service advisor on 133 423. Our Privacy Policy contains further information about how HBF handles your Information. This includes information on how you can access and/or seek the correction of your Information that we hold about you as required by law, how to make a complaint about the way your Information is being handled by HBF and how HBF will deal with your complaint.

If you have any questions about how HBF handles your Information, please contact our privacy officer by writing to GPO Box C101, Perth, Western Australia, 6839 or telephoning on 1300 883 530.