

When to use this form

Use this form to tell us that:

- your practice or practice branch has closed
- you would like to withdraw from the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) - Practice Stream.

Important information

Health Professional Online Services (HPOS) provides secure and convenient online services for health professionals and administrators.

Using your Provider Digital Access (PRODA) account details, you can make claims and update your practice details through HPOS. Most changes you make through HPOS are effective immediately.

To register for a PRODA account or to find out more about HPOS, go to servicesaustralia.gov.au/hpos

If you cannot update your practice details using HPOS, you can complete this form.

Only practice branches can be closed through HPOS.

To close or withdraw the main practice, complete this form.

For more information

Go to servicesaustralia.gov.au/pip or servicesaustralia.gov.au/practicestream

If you need help to complete this form, call 1800 222 032 Monday to Friday, 8:30 am to 5 pm, Australian Central Standard Time.

Filling in this form

You can fill and sign this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.

Practice details

- 1 The practice is notifying of a closure or withdrawal in the:
- Tick all that apply**

PIP

WIP - Practice Stream

- 2 PIP practice ID

- 3 WIP - Practice Stream practice ID

- 4 Practice name

- 5 Full practice address – **main** practice address

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

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

- 6 Practice phone number (including area code)

Notification type

7 The practice is notifying of a practice:

- closure **Go to 8**
withdrawal **Go to 14**

Practice closure

8 Date the practice or practice branch ceased operating (DD MM YYYY)

9 If a main PIP and/or WIP - Practice Stream location closes, any practice branches attached to the main location will also be closed.

Which location has closed?

Main practice **Go to 12**

or

Practice branch

10 Practice name – practice branch

11 Full practice address – practice branch address

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

Go to 16

12 Forwarding postal address

13 Forwarding practice phone number (including area code)

Forwarding practice email

Go to 16

Practice withdrawal

- 14
- PIP consenting practices withdrawing from the PIP will also be withdrawn from the WIP - Practice Stream.
 - Individual practice branch locations cannot be withdrawn.
 - If an individual practice branch location is withdrawing from the PIP and/or the WIP - Practice Stream, complete the **Practice closure** section of this form.

Which program would you like to withdraw your practice from?

Tick all that apply

PIP

WIP - Practice Stream

15 What date does the withdrawal take effect? (DD MM YYYY) (If you do not answer this question we will use the date the form is signed.)

Privacy notice

16 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) – Practice Stream.

Your personal information will be disclosed to the Australian Government Department of Health and Aged Care and the Australian Government Department of Veterans' Affairs to enable those departments to administer aspects of PIP and/or WIP – Practice Stream, including for program compliance purposes, for statistical and research purposes and to inform policy development.

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/privacypolicy

Declaration

Only **registered owners** for the PIP and/or the WIP - Practice Stream can sign the declaration.

If there are multiple practice owners, the signatures of 2 practice owners are required.

17 I/We agree to:

- advise Services Australia about changes to practice arrangements **within 7 days** of the change or **at least 7 days** before the point-in-time date.

I/We consent to Services Australia:

- disclosing information, including personal information, to the Australian Government Department of Health and Aged Care, other relevant agencies or as authorised or required by law.

I/We declare that:

- the information provided in this form and in the supporting documentation is complete and correct.

I/We understand that:

- the Australian Government Department of Health and Aged Care may conduct program audits of a practice's compliance with eligibility requirements for payments under the Practice Incentives Program and the Workforce Incentive Program - Practice Stream.
- the practice is required to retain practice documentation for a minimum of 6 years.
- the practice may be required to provide information to the Australian Government Department of Health and Aged Care as evidence of the practice's compliance with the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream eligibility requirements.
- if I/we cannot provide information as requested by the Australian Government Department of Health and Aged Care, to establish the practice's compliance with the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream eligibility requirements, payments may be reduced, recovered, suspended or ceased.
- if I/we do not notify Services Australia of changes to practice arrangements and authorised contact person(s), incentive payments for the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream may be reduced, recovered, suspended or ceased.
- giving false or misleading information is a serious offence.

Family name

First given name

Position held

Signature

Date (DD MM YYYY)

Family name

First given name

Position held

Signature

Date (DD MM YYYY)

Returning this form

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

Return this form and any supporting documents **at least 7 days** before the relevant point-in-time date **online**, upload through HPOS at servicesaustralia.gov.au/hpos