

Practitioner Details

Please complete the details below to enable On the Line to register you / one of your practitioners in our system so we can receive and accept referrals for your / their clients in a timely manner.

Practitioner Name:

Profession:

Business / Company Name:

Provider Number: (if applicable)

AHPRA registration: (If applicable)

PHN Network aligned with:

Professional contact number:

Professional email address:

Please read, tick each statement and sign below to indicate your agreement.

I acknowledge that On the Line shall forward me / the practitioner above, email notification of services provided to my clients.

I confirm that I / the practitioner above, ask my / their clients consent to share their health care information with On the Line, prior to referring them to the services.

I confirm that the email address listed above, is my / the practitioners professional address and that no other person has access to my / the inbox.

Practitioner Signature:

Date:

**Representative Name,
Position and Signature**

Date:

Please return completed form by email to AHS@ontheline.org.au

For further information visit ontheline.org.au/AHS or call 1800 859 585.