

## Health Practice closure, merger or relocation

You are required by the *Health Records (Privacy and Access) Act 1997* to publicly advertise the closure, merger or relocation of your practice in a transfer notice 30 days prior to the closure, merger or relocation. You are also required to notify ACT Health of the transfer notice information as soon as practicable after publication. ACT Health is required to forward this information to the ACT Health Services Commissioner.

## Notification for closing or relocating a health practice

If you are closing, merging or relocating a health practice, please complete this form and fax it to ACT Health on 02 5124 5935.

Не	ealth Practice Closure, M	erger or Relocation For	m:		
1.	Is the practice:				
	Closing				
	Merging				
	Relocating				
		ave you placed a public transfer notice of			
the closure, merger or relocation of the practice in the local newspaper?					
Yes					
	☐ No				
	If no please place a public	al nowenanar before completing this form			
If no, please place a public transfer notice in the local newspaper before completing this for Sample notices are provided in the check lists where this form is located.					
Sample notices are provided in the check lists where this form is located.					
If yes, where has the public transfer notice been placed?					
Date of public transfer notice?					
	/ /				
3	Current Practice Details				
Ο.					
Name:					
Address:					
	Phone Number:	Fax Number:	Email:		

. Where will health records be held?					
relocated practice (go to Question 5)					
other please specify:					
Name of location of health	Name of location of health records:				
Address:					
7100.000					
Name of Record Keeper:					
Address:					
Phone Number	Fax Number:	Email:			
5. Name of Merged or Reloca	ating Practice:				
Address:					
Phone Number	Fax Number:	Email:			
6. When will health records b	e moved?				
/ /					
. Your name and designation in the practice?					
3. Contact officer for queries	and complaints				
Name:					
Address:					
Addices.					
Phone Number	Fax Number:	Email:			
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Please fax this completed form to ACT Health - fax number: (02) 5124 5935

**Please note:** the preferred notification method is via the on line method: http://health.act.gov.au/professionals/practice-closure-merger-or-relocation/health-practice-closure-merger-or-relocation-online-form