

Temporary CSCF Change Notification Form

*Private Health Facility Act 1999 (Qld)*

# <<Facility Name>>

## Purpose

The Chief Health Officer, under section 144 (2)(a) of the *Private Health Facilities Act 1999* (Qld),requires the following information to be provided if the hospital, for a **short period of time** due to unforeseen circumstances, is

* Temporarily discontinuing a health service that it is licensed for, or
* Proposing a health service that it is licensed for, temporarily goes on by-pass*.*

Please return the completed form to [Private\_Health@health.qld.gov.au](mailto:Private_Health@health.qld.gov.au)

|  |  |
| --- | --- |
| Service affected |  |
| Current CSCF level |  |
| Temp CSCF level |  |
| Reason for change |  |
| Is there a risk mitigation plan in place? |  |
| Has the referral facility been notified? |  |
| What engagement or communication has occurred with impacted clinicians? |  |
| What engagement or communication has occurred with consumers? |  |
| Anticipated commencement date |  |
| Anticipated end date |  |
| Other comments |  |

Name of person submitting form:

Date: