



Healthcare Identifiers Service

Application to replace a Responsible Officer or add/remove an Organisation Maintenance Officer for an Organisation

Important information

Complete this form if you wish to:

- replace a Responsible Officer (RO) for an existing Seed Organisation and/or
- replace an Organisation Maintenance Officer (OMO) for an existing Seed or Network Organisation and/or
- add an additional OMO to an existing Seed or Network Organisation and/or
- remove an OMO from an existing Seed or Network Organisation.

Part A must be completed by a RO or an OMO.

Part B must be completed by the acceptable referee.

Healthcare Identifiers Service

The Healthcare Identifiers (HI) Service is a system that provides a consistent set of identifiers for healthcare individuals and healthcare providers (organisations and individuals). The HI Service enables providers to associate health information about a healthcare individual in a secure, consistent and accurate manner. The association of identifiers can be used within electronic communications such as discharge summaries, prescriptions and referrals. The *Healthcare identifiers Act 2010* is available at www.comlaw.gov.au

Seed Organisation

The Seed Organisation is the principal legal entity that is registered by the RO with the HI Service. A Network Organisation can be registered later.

Network Organisation

A Network Organisation is an organisation subordinate to the Seed Organisation. Every Network Organisation must be associated with a Seed Organisation. A Seed Organisation is not required to have a Network Organisation. Network Organisations can be used to represent different areas or functions within an organisation or separate legal entities from the Seed Organisation.

Role of a Responsible Officer

A RO:

- is responsible for the creation and deactivation of a Seed Organisation within the HI Service
- may nominate themselves or a third party as an OMO
- is the only individual who can request the HI Service operator to process a Change of Ownership for the Seed Organisation that they represent
- may add or remove links between an organisation and a RO or an OMO at the Seed Organisation level
- may update their own demographic details
- only one RO can be linked to a Seed Organisation at any one time.

Role of an Organisation Maintenance Officer

An OMO:

- may request to amend their own demographic details or details of the organisation(s) they represent
- will have administrative access to the organisation records they are linked to in the HI Service
- will have administrative access to the organisation records that are beneath them in the organisational hierarchy
- may add or remove links for other OMOs or linked healthcare providers within the organisational hierarchy that they are responsible for
- may update the Healthcare Provider Directory (HPD) for the organisation(s) they represent.

Creating links

Establishing a link creates an association between the RO, OMO and the organisation that allows them to perform various administrative functions on behalf of the organisation (see role of a RO/OMO). Without this link the RO or OMO have no authority to perform these functions. Completing this form will create these links.

Public Key Infrastructure

Public Key Infrastructure (PKI) allows you to transfer information and images between computers safely and securely. With PKI you can securely send a file to someone and know he or she is the only one who can open it. You can also receive a file with confidence it has been sent to you securely. PKI certificates are issued for individuals and organisations to enable communication through secure electronic channels such as Business to Business and Health Professional Online Services (HPOS).

If you have an existing PKI certificate, HI Service access will be added to this certificate. Please complete the 'existing PKI certificate' sections on this form.

Documents a Responsible Officer must provide

To support this form a RO must supply all of the following:

- Evidence of Identity (EOI) for themselves (refer to list of documents in the EOI section), unless the RO is a 'known customer', (see 'Known customer' section of this form)
- documentary evidence of their authority to act on behalf of the Seed Organisation (refer to list of documents in the following sections).

If you are already registered as a RO with another organisation in the HI Service, or you have an existing PKI certificate for Medicare purposes, you do not need to provide EOI again.

Evidence of Identity

If you are not a known customer (see 'Known customer' section), you must provide **ONE** document from the Primary Group and a combination enough to make up the remaining points from the Secondary Group. The total number of points must be at least 100. Please include a deed poll or marriage certificate if there is a difference in name in these documents.

Copies of original documents must be sent with this form. The copies provided must be certified by an acceptable referee. The last page of this form contains details to be completed by an acceptable referee. An acceptable referee must certify the organisation and the RO (see Part B of this form).

Primary Group (Only ONE must be used):

	Points
• birth certificate	70
• citizenship certificate	70
• current passport	70
• expired passport (not cancelled and not expired for longer than two years from date of application)	70
• other documentation of identity having the same characteristics as a passport.	70

Secondary Group (Combination required to make up the remaining 30 points must be provided):

	Points
• current Australian driver's licence	40
• identification card issued to a commonwealth or state/territory government employee, contractor or other personnel	40
• document provided by a current employer on employer letterhead and dated within the last three months prior to the application for the PKI Site Keys and Certificates	35
• if self-employed, relevant documentation from his/her registered tax agent/accountant	35
• Lands Titles Office records	35
• a rating authority (lands rates document)	35
• reference to the latest telephone directory published by Telstra, and the telephone contact with the signatory of the person named on this number	25
• credit card tax invoice (two or more credit card tax invoices from the same financial institution will only be counted as one)	25
• council rates notice	25
• record of a public utility (e.g utilities accounts, telephone, gas, electricity, ISP provider)	25
• record held under law (other than a law relating to land titles).	25

Documents required for the Responsible Officer relationship with the Seed Organisation

When registering a Seed Organisation, a RO must provide documentary evidence that they are authorised to act on behalf of the Seed Organisation (e.g. authority to collect, create, use and handle information related to the organisation) by supplying **ONE** of the following documents:

- an ASIC company search displaying the RO as a Director or Company Secretary of the Seed Organisation
- an affidavit or statutory declaration sworn by a member of the board or executive of the Seed Organisation
- a deed of appointment

- any other documentation which displays that the RO holds a position of authority and trust within the Seed Organisation.

Documents required for an Organisation Maintenance Officer

No EOI documents are required for OMOs as they are nominated by the RO.

Known customer

Individuals who are registering as a RO for the HI Service and have already provided Medicare Australia with 100 points of EOI, are not required to do so with this form.

An individual may be an existing RO or have a PKI certificate for other Medicare purposes.

100 points of EOI is required only where the individual has not provided EOI to Medicare Australia previously.

If an individual is a current OMO and has never provided EOI to Medicare Australia and now wishes to become a RO, that individual must comply with the 100 point EOI requirements.

Whether or not a known customer, a letter authorising the RO to act on behalf of the Seed Organisation is required with this form.

Assistance

If you need assistance completing this form call **1300 361 457** (call charges will apply) or email **healthcareidentifiers@medicareaustralia.gov.au**

For more information about the HI Service go to **www.medicareaustralia.gov.au**

Lodgement

Send the completed application, certified copies of the relevant documentation and the Acceptable Referee Identification attachment to:

HI Service
GPO Box 2987
MELBOURNE VIC 3001

or fax to: **03 9605 7987**

Print in **BLOCK LETTERS**

Tick where applicable

PART A—Healthcare Identifiers Service

Applicant's details

1 RO/OMO number (if known)

2 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

Suffix (e.g. Junior, Member of Parliament)

3 Date of birth

4 Business address

State	Postcode
Country	

5 Daytime phone number

Registering and replacing a RO

6 I would like to:

Create a new RO and link to an existing Seed Organisation *Complete questions 8 - 12*

Link an existing RO to another Seed Organisation *Complete questions 13 - 17*

An existing OMO is becoming a RO for a Seed Organisation *Complete questions 13 - 17*

If you are registering a new RO for a Seed Organisation the existing RO will be removed.

Go to 7

Registering, adding or removing an OMO

7 I would like to:

Create a new OMO and link to an existing Seed or Network Organisation *Complete questions 22 - 26*

Add an existing OMO to another Seed or Network Organisation *Complete questions 27 - 32*

Remove an OMO from a Seed or Network Organisation *Complete questions 36 - 40*

If you are removing the only remaining OMO registered to a Seed Organisation a new OMO must be linked first.

New RO details

8 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

Suffix (e.g. Junior, Member of Parliament)

9 Date of birth

10 Sex

Male

Female

11 Business address

Tick your preferred address

State	Postcode
Country <input type="checkbox"/>	

Postal address (if different to above)

State	Postcode
Country <input type="checkbox"/>	

12 Daytime phone number

Tick **one** preferred method of communication

Mobile phone number

Fax number

Pager number

Email

Go to 18

Continued over the page

Existing RO/OMO details

If an existing OMO is becoming a RO 100 points of EOI is required.

13 RO/OMO number (if known)

14 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

Suffix (e.g. Junior, Member of Parliament)

15 Date of birth

16 Sex

Male

Female

17 Business address

State	Postcode
Country	

Postal address (if different to above)

State	Postcode
Country	

Go to 18

RO PKI details

18 Do you have a PKI Individual Certificate with Medicare Australia?

No, please register the RO for an PKI Individual Certificate **Go to 20**

No, one is not required at this time **Go to 21**

Yes **Go to 19**

19 Existing PKI registration number (RA number)

Go to 21

Access to the HI Service will be linked to your existing certificate.

20 Indicate the type of operating system being used:

Windows

Macintosh (Apple)

Other (please specify)

Go to 21

If you are requesting a PKI certificate you must supply a business address, a fax number and a personal email address used for business purposes.

Web based email such as hotmail, yahoo, gmail are not supported for PKI usage.

Organisation details

21 Healthcare Provider Identifier - Organisation (HPI-O) of the Organisation the RO is being linked to

Organisation name

Trading name (if different to above)

Go to 42

New OMO details

22 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

Suffix (e.g. Junior, Member of Parliament)

23 Date of birth

24 Sex

Male

Female

25 Business address

Tick your preferred address

State	Postcode
Country	

Postal address (if different to above)

State	Postcode
Country	

26 Daytime phone number

Tick **one** preferred method of communication

Mobile phone number

Fax number

Email

Go to 33

Continued over the page

Existing OMO details

27 OMO number (if known)

28 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

Suffix (e.g. Junior, Member of Parliament)

29 Date of birth

30 Sex

Male

Female

31 Business address

State	Postcode
Country	

Postal address (if different to above)

State	Postcode
Country	

32 Daytime phone number

Mobile phone number

Fax number

Pager number

Email

Go to 33

OMO PKI details

33 Do you have a PKI Individual Certificate with Medicare Australia?

No, please register the OMO for a
PKI Individual Certificate **Go to 35**

No, one is not required at this time **Go to 41**

Yes **Complete question 34**

34 Existing PKI registration number (RA number)

Go to 41

Access to the HI Service will be linked to your existing certificate.

35 Indicate the type of operating system being used:

Windows

Macintosh (Apple)

Other (please specify)

Go to 41

If you are requesting a PKI certificate you must supply a business address, a fax number and a personal email address used for business purposes.

Web based email such as hotmail, yahoo, gmail are not supported for PKI usage.

Details of OMO to be removed

36 OMO number (if known)

37 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

Suffix (e.g. Junior, Member of Parliament)

38 Date of birth

39 Sex

Male

Female

40 Business address

State	Postcode
Country	

Postal address (if different to above)

State	Postcode
Country	

Go to 41

Organisation Details

41 HPI-O of Organisation the OMO is being added to or removed from

Organisation name

Trading name (if different to above)

Go to 42

Declaration

42 I declare that:

- I will only access and use the HI Service for the purposes defined in the *Healthcare Identifiers Act 2010* and acknowledge penalties for unauthorised access and misuse apply under the *Healthcare Identifiers Act 2010*
- the organisation that I am registering is eligible for provision of a Healthcare Provider Identifier Organisation number under the *Healthcare Identifiers Act 2010*
- the information on this form is correct.

Applicant's signature

Date

Privacy note

The information on this form will be used to replace a RO or add or remove an OMO with the HI Service. The collection of this information is authorised by the *Healthcare Identifiers Act 2010*. This information may be disclosed as authorised or required by law.

If you request a PKI certificate, this information will be used to register and store your details for the issuance of a PKI certificate and to list your details in the PKI Healthcare Public Directory. This information will be disclosed to a certificate issuance authority for issuing PKI keys and certificates, or as authorised or required by law.

Office use only

RO EOI documents sighted

RO/Seed Organisation authority documents sighted

Organisation documents sighted

Known customer confirmed

PART B—Acceptable referee identification

To be completed for EOI for the HI Service.

Note: If EOI is not required with this form, Part B is not required to be completed.

The information you provide below will be used to verify identity.

Acceptable referee categories:

- 1 a member of the Institute of Chartered Accountants in Australia, Australian Society of Certified Practising Accountants or the National Institute of Accountants
- 2 a member of a municipal, city, town, district or shire council of a state or territory
- 3 a legal practitioner of a federal, state or territory court
- 4 a registrar, clerk, sheriff or bailiff of a federal, state or territory court
- 5 an individual registered or licensed as a dentist medical practitioner, pharmacist or veterinary surgeon under a law of the state or territory providing for that registration or licensing
- 6 an individual who holds the position of nursing sister and is registered as a nurse under a state or territory law providing for that registration
- 7 a judge or master of a federal, state or territory court
- 8 a stipendiary magistrate of the commonwealth or of a state or territory
- 9 a Justice of the Peace of a state or territory
- 10 a member of parliament or a state parliament
- 11 a member of the Legislative Assembly of the Australian Capital Territory, the Northern Territory or Norfolk Island
- 12 a member of the Australian Federal Police, or of the police force of a state or territory, who, in the normal course of their duties, is in charge of a police station
- 13 a manager of a Post Office
- 14 an individual employed as an officer or employee by one or more of the following:
 - the Commonwealth, a state or territory
 - an authority of the commonwealth, a state or territory or
 - a local government body of a state or territorywho has been so employed continuously for a period of at least five years, whether or not the individual was employed for part of that period as an officer and for part as an employee
- 15 An individual employed as a full-time teacher or as a principal at an educational institution and has been so employed continuously for a period of at least five years
- 16 An individual who, in relation to an Aboriginal community is recognised by the members of the community to be a community elder or if there is an elected Aboriginal council that represents the community, is an elected member of the council
- 17 a Commissioner of Oaths of a state or territory.

Details of individual being verified

1 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

2 Business address

State	Postcode

Country	

Referee details

Referees are responsible for ensuring originals of all documents presented to them by the applicant are:

- copies of originals and
- certified by signing each of the documents with the statement **'This is a true copy of the original as supplied to me.'**

3 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

4 Business address

State	Postcode

Country	

5 Daytime phone number

6 Occupation

7 Category number (see Acceptable referee categories)

8 Signature

Date