



Healthcare Identifiers Service

Application to amend an Organisation Officer's personal details

Important information

Complete this form to amend the personal details of a Responsible Officer (RO) record or an Organisation Maintenance Officer (OMO) record within the Healthcare Identifiers (HI) Service.

HI Service

The 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

Amending an RO or OMO Record

If you are an RO changing your family, given names, date of birth or gender, you will need to supply supporting documentation (e.g. marriage certificate or statutory declaration) to verify the change.

Role of an RO

An 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 RO or an OMO at the Seed Organisation level
- may update their own demographic details
- cannot update the Healthcare Provider Directory (HPD)
- only one RO can be linked to a Seed Organisation at any one time.

An RO can also be known as a Public Officer (PO).

Role of an OMO

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 for the organisation(s) they represent.

An OMO can also be known as an Organisation Maintenance Role (OMR).

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 form with certified copies of the relevant documentation to:

HI Service
GPO Box 2987
MELBOURNE VIC 3001

or fax to: **03 9605 7987**

Print in **BLOCK LETTERS**

Tick where applicable

Applicant's details

1 RO/OMO number (if known)

2 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

3 Date of birth

4 Address

State	Postcode
Country	

5 Daytime phone number

Amend an RO or OMO record

6 I would like to (tick all that apply):

Remove, add or amend my personal details **Go to 7**

Remove, add or amend my address details **Go to 14**

Remove, add or amend my contact details **Go to 17**

Record an individual as deceased **Complete 20–23**

Personal details

7 I would like to (tick one only):

Remove my personal details **Complete 8 to 10**

Add my personal details **Complete 11 to 13**

Amend my personal details **Complete 8 to 13**

Existing personal details

8 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

9 Date of Birth

10 Sex

Male

Female

Go to 24

New personal details

11 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

12 Date of birth

13 Sex

Male

Female

Go to 24

Address details

14 I would like to (tick one only):

Remove address details **Complete 15**

Add address details **Complete 16**

Amend address details **Complete 15 to 16**

Existing address details

15 Business address

State	Postcode
Country	

Postal address (if different to above)

State	Postcode
Country	

Go to 24

New address details

16 Business address

Tick your preferred address

State	Postcode
Country	

Postal address (if different to above)

State	Postcode
Country	

Go to 24

Contact details

17 I would like to (tick one only):

- Remove contact details Complete 18
Add contact details Complete 19
Amend contact details Complete 18 to 19

Existing contact details

18 Daytime phone number

Mobile phone number

Fax number

Pager number

Email

Go to 24

New contact details

19 Daytime phone number

Tick one preferred
method of communication

Mobile phone number

Fax number

Pager number

Email

Go to 24

Deceased person's details (if applicable)

20 Deceased person's RO/OMO number(if known)

21 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

22 Date of death

23 Your relationship to the deceased person

Go to 24

Declaration

24 I declare that:

- the information on this form is correct
- I will only access and use Healthcare Identifiers 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*.

RO's or OMO's signature

Date

Privacy note

The information on this form will be used to amend the personal details of a Responsible Officer and/or an Organisation Maintenance Officer with the Healthcare Identifiers 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 necessary, this information will be included with your details previously registered and stored for the issuance of a Public Key Infrastructure (PKI) certificate. If required, the amended information will be used for the re-issuance of your PKI keys and certificates and to amend your details listed in the PKI Healthcare Public Directory. This information will be disclosed to a certificate issuance authority for re-issuing PKI keys and certificates, or as authorised or required by law.

Office use only

Identifying information documentation sighted