



Healthcare Identifiers Service

Application to amend a Healthcare Organisation record

Important information

Complete this form to add or amend the details of a Seed Organisation or a Network Organisation with the Healthcare Identifiers (HI) Service. You must ensure that the amendments made to an Organisation's details do not deem the organisation ineligible for ongoing use of a Healthcare Provider Identifier Organisation (HPI-O) number under the *Healthcare Identifiers Act 2010*.

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

Organisation amendment

Before the details of a Seed or a Network Organisation record can be amended, it is a requirement that an applicant completes the 'Applicant details' section on this form. The applicant must be an individual already registered in the HI Service as an Organisation Maintenance Officer (OMO), who has the authority to amend the details of the Seed Organisation or Network Organisation. The applicant must be linked to an organisation and that organisation must be at a higher level in the hierarchy than the organisation whose details the applicant is seeking to amend.

Seed Organisation

The Seed Organisation is the principal legal entity that is registered by the RO with the HI Service. Network Organisations 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 be separate legal entities from the Seed Organisation.

Healthcare Provider Directory (HPD)

The HI HPD is a directory listing Healthcare Provider Individuals and Healthcare Provider Organisations registered in the HI Service. Displaying details in the HPD is optional and can be configured as a part of the registration process.

Note: if you wish to update the entries that display in the Healthcare Provider Directory, call **1300 361 457** (call charges will apply) for assistance.

Documents required to confirm an Organisation name change

The RO must provide documentary evidence of the name change for the Healthcare Organisation. Acceptable documentary evidence must include **one** of the following:

- Certificate of registration of a company issued by the Australian Securities and Investments Commission
- Strata certificate of registration
- Sale or purchase of business
- Liquidation notice
- A statement of transactions issued by a financial institution in the name of the company, and less than 1 year old
- Appointment of trustee
- Lease agreement of a business property
- Rates notice of business property
- Certificate of change of name issued by Australian Securities and Investments Commission
- A document issued by the ATO bearing the company and tax file number.

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 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

HPI-0 number and name of organisation to be amended

6 Organisation HPI-0 number

Current Organisation name

Amend organisation details

7 I would like to (tick one only):

Remove, add or amend organisation name details **Go to 8**

Remove, add or amend organisation address details **Go to 16**

Remove, add or amend organisation service details **Go to 19**

Remove, add or amend organisation contact details **Go to 22**

Organisation name details

8 I would like to (tick one only):

Remove name details *Complete 9 to 11*

Add name details *Complete 12 to 15*

Amend name details *Complete 9 to 15*

Existing name details

9 Organisation Name

10 The organisation name is a (tick all that apply):

Organisational unit/section/division name

Business name

Abbreviated name

Service location name

Locally used name

Enterprise name

11 The Organisation's ABN/ACN/Other

ABN ---

OR

ACN --

OR

If selecting other, refer to page 1

Other

Go to 25

New name details

12 New organisation name

13 The organisation name is a (tick all that apply):

Organisational unit/section/division name

Business name

Abbreviated name

Service location name

Locally used name

Enterprise name

14 Enter the date of the Organisation name change.

15 The Organisation's ABN/ACN/Other

ABN ---

OR

ACN --

OR

If selecting other, refer to page 1

Other

Go to 25

Organisation address details

16 I would like to (tick one only):

Remove address details Complete 17

Add address details Complete 18

Amend address details Complete 17 to 18

Existing address details

17 Business address

| | |
|---------|----------|
| | |
| | |
| State | Postcode |
| Country | |

Postal address (if different to above)

| | |
|---------|----------|
| | |
| | |
| State | Postcode |
| Country | |

Go to 25

New address details

18 Business address

Tick your preferred address

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

Postal address (if different to above)

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

Go to 25

Organisation service details

19 I would like to (tick one only):

Remove service details Complete 20

Add service details Complete 21

Amend service details Complete 20 to 21

Existing service details

20 Organisation type

Organisation service type

Organisation service unit

New service details

21 Organisation type

Organisation service type

Organisation service unit

Enter the date the organisation started providing the services.

Go to 25

Organisation contact details

22 I would like to (tick one only):

Remove contact details Complete 23

Add contact details Complete 24

Amend contact details Complete 23 to 24

Existing contact details

23 Daytime phone number

Mobile phone number

Fax number

Pager number

Email

Go to 25

New contact details

24 Daytime phone number

Tick one preferred method of communication

Mobile phone number

Fax number

Pager number

Email

Go to 25

Declaration

25 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*
- the organisation that I am amending the details of remains eligible for ongoing use of a HPI-O number under the *Healthcare Identifiers Act 2010*.

Applicant's signature



Date

/ /

Privacy note

The information on this application will be used to amend the details of a Seed Organisation or a Network Organisation 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 the organisation's 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 the organisation's PKI keys and certificates and to amend the organisation's 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

Documentation confirming organisation name change sighted

Confirmation of ABN, ACN sighted