



Healthcare Identifiers Service

Application to register a Healthcare Provider

Important information

Complete this form to register as a Healthcare Provider Individual Identifier (HPI-I) within the Healthcare Identifiers (HI) Service.

If your field of practice is registered by the Australian Health Practitioner Regulation Agency (AHPRA) in your state or territory, you must contact AHPRA to enquire about registration in the HI Service.

PART A must be completed by the Applicant for the HI Service.

PART B must be completed by the Acceptable Referee.

Provider obligations under the *Privacy Act 1988*

You have obligations under the *Privacy Act 1988*, Schedule 3 – National Privacy Principles in relation to your patients personal information.

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

Healthcare Provider Directory (HPD)

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

Public Key Infrastructure (PKI)

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 confident it has been sent to you securely. PKI certificates are issued for individuals and organisations to enable communication through secure electronic channels such as B2B and HPOS.

Evidence of Identity (EOI) and additional documents

You must supply all of the following documentary evidence of current provider registration status:

- evidence that the provider individual is registered by a registration authority as a member of a health profession or is a member of a professional association that relates to healthcare, (as defined in the *Healthcare Identifiers Act 2010*)
- evidence of Identity.

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 application form. The copies provided must be certified by an acceptable referee. The last page of this application form contains details to be completed by an acceptable referee. A third party must certify the EOI documents.

Primary Group	Points
(Only ONE must be used):	
• 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	Points
(Combination required to make up the remaining 30 points must be provided):	
• 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 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 (eg utilities accounts telephone, gas, electricity, ISP provider)	25
• record held under law (other than a law relating to land titles).	25

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, 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

Healthcare provider's details

1 Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

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

2 Date of birth

 / /

3 Sex

Male

Female

4 Business address

Tick your preferred address

State	Postcode

Country	<input type="checkbox"/>

Postal address (if different to above)

State	Postcode

Country	<input type="checkbox"/>

5 Daytime phone number

Tick one preferred method of communication

()

Mobile phone number

Fax number

()

Pager number

Email

@

Provider's field of practice details

6 For a list of Provider types and Specialty codes, refer to the Provider Specialty Reference Guide available at www.medicareaustralia.gov.au

Provider type description

Provider specialty description

Specialisation description

Provider specialty start date

Provide the date you started your specialty.

 / /

Provider's registration details

7 Provide one set of provider details. Further provider details can be provided after your registration has been finalised. These details should be sourced from correspondences you have received from your registration board.

Registration ID

Registration issuer

Registration type

Healthcare provider's PKI details

8 Do you have a PKI Individual Certificate?

No, please register me for a PKI certificate **Go to 10**

No, one is not required at this time **Go to 11**

Yes **Complete 9**

Note: 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.

9 PKI registration number

Go to 11

10 Indicate the type of operating system used:

Windows

Macintosh (Apple)

Other (please specify)

Go to 11

Healthcare Provider Directory (HPD)

11 Do you want your provider details displayed in the HPD?

No, I would not like to create a HPD record at this time

Yes, I would like to create a HPD record and would like to publish all of the details I have provided in this application

Yes, I would like to create a HPD record

I would like the following details to be published:

Providers name (mandatory)

Preferred address (mandatory)

Provider and Registration details

Daytime phone number

Mobile phone number

Fax number

Pager number

E-mail address

Declaration

12 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*.

Applicant's signature



Date

/ /

Privacy note

The information on this application will be used to register you as a Healthcare Provider Individual with the Healthcare Identifiers Service and, with your consent, list your details in the Healthcare Provider Directory. 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 Public Key Infrastructure (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.

PART B—Acceptable referee identification

To be completed for evidence of identity for:

- the healthcare identifiers service and/or
- a gatekeeper healthcare individual certificate.

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

Postcode

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.'**

Dr Mr Mrs Miss Ms Other

Family name

Given name(s)

3 Business address

Postcode

4 Daytime phone number

5 Occupation

6 Category number (see Acceptable Referee Categories)

7 Signature

Date

Office use only

EOI documents sighted

Registration and qualification documents sighted