



Healthcare Identifiers Service

Application to create, verify or merge an Individual Healthcare Identifier

Important information

Complete this form if you:

- are ineligible for Medicare and wish to register with the Healthcare Identifiers (HI) Service
- are a visitor to Australia and wish to register with the HI service
- want to verify your unverified Individual Healthcare Identifier (IHI) and request an IHI card (if required)
- want to merge an unverified or provisional IHI with your verified IHI or
- want to notify of a deceased person for the purposes of the 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). By registering for the HI Service you enable providers to associate health information about you in a secure, consistent and accurate manner. The association of identifiers can be used within electronic communications such as discharge summaries, prescriptions and referrals.

Healthcare identifiers

A healthcare identifier is a unique 16 digit number that will be assigned and used to identify everyone associated with healthcare in Australia. There are three different types of identifiers that the HI Service allocates, they are:

- Individual Healthcare Identifier (IHI)
- Healthcare Provider Identifier - Individual (HPI-I) and
- Healthcare Provider Identifier - Organisation (HPI-O).

An IHI is automatically assigned to individuals who have an active Medicare or Department of Veterans' Affairs (DVA) enrolment. The small percentage of the population (both permanent and transient) who are not enrolled in these programs but receive healthcare in Australia are able to get an IHI by visiting a healthcare professional or by applying to the HI Service Operator (Medicare Australia). The IHI number is unique and will be valid for the life of the individual. No clinical information will be linked to the identifier. You do not need to remember your IHI number to receive healthcare.

An unverified IHI may be created as a result of a healthcare event by your healthcare professional if you don't already have an IHI or your IHI can't be accessed. To verify an unverified IHI you will need to provide sufficient Evidence of Identity (EOI) to the HI Service operator. If you already have a verified IHI, then the unverified IHI can be merged with it.

A provisional IHI may be created in an emergency where a healthcare professional is unable to determine who you are. In this case a temporary (provisional) IHI is issued. If you already have a verified IHI, then your temporary (provisional) IHI will be merged with this once you or a family member is able to provide information about who you are.

IHI card

When registering, you can request an IHI card. You can only request

an IHI card if you don't have a Medicare card or a DVA card as these act as your IHI card. If an IHI card is being sent it will be addressed to the individual, or for a person under 14, to the parent/guardian of the individual, at the address provided.

Evidence of Identity (EOI) and additional documents

To create a verified IHI or to verify your unverified IHI you will need to supply documentary evidence of who you are. You will need to provide one document from the primary document list, or two documents from the secondary document list.

Primary documents (one of the following)

- Australian armed service papers
- Australian Birth Certificate or birth extract
- Australian passport
- Foreign passport or travel document with valid visa
- Original letter from Department of Immigration and Citizenship (must also provide photographic ID such as drivers licence or employment identification)

or

Secondary documents (two of the following)

- Centrelink card
- Drivers licence
- Employment contract
- End of overseas employment
- Financial institution card with signature
- Firearm licence
- Electricity, gas or telephone account
- Health insurance contribution book or card
- Rates notice
- Rental or lease agreement (no less than six months)
- Sale of overseas property
- Security access card with photograph
- Statutory declaration
- Vehicle Registration Papers

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 via fax to **03 9605 7987**

Print in **BLOCK LETTERS**

Tick where applicable

Select an option below

I wish to register with the Healthcare Identifiers (HI) Service to be allocated a verified IHI.

If you have an active Medicare or DVA card, you will already have a verified IHI number allocated to you. **Go to 2**

OR

I wish to verify my unverified IHI.

As described in important information, you must provide one document from the list of primary documents or two documents from the list of secondary documents. **Go to 1**

OR

I wish to merge an unverified IHI or provisional IHI with my verified IHI. **Go to 1**

OR

I wish to notify the HI Services of a deceased person. This notification can also be done over the phone or in person. **Go to 11**

Applicant's details

1 IHI number (if known)

My IHI number is:

Unverified

Provisional

If you are merging two records, provide the unverified or provisional number here

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

Name you want to be known by

The name you provide below may be used for searching in the future.

3 Date of birth

If you share the same date of birth with other siblings, specify birth plurality and birth order. For example, if you were the second born of triplets, enter '2 in a multiple birth of 3 children'

in a multiple birth of children

4 Sex

Male

Female

5 Address (if applicable)

State	Postcode
Country	

Postal address (if different to above)

State	Postcode
Country	

6 Business phone number

Tick your preferred method of communication

()	<input type="checkbox"/>
-----	--------------------------

Home phone number

()	<input type="checkbox"/>
-----	--------------------------

Mobile phone number

	<input type="checkbox"/>
--	--------------------------

Fax number

()	<input type="checkbox"/>
-----	--------------------------

Email

@	<input type="checkbox"/>
---	--------------------------

IHI card request

7 Indicate how many IHI cards you require (0-2)

Use the postal address field in applicant's details section for the purpose of mailing your IHI card.

If you are merging two records, Go to 8 otherwise Go to 16

Verified IHI

8 Enter either your verified IHI number or Medicare card number to merge your unverified or provisional IHI

Verified IHI number

OR

DVA number

OR

Medicare card number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Ref no. <input type="checkbox"/>
----------------------	---	----------------------	---	----------------------	----------------------------------

9 Provide your name and date of birth details as recorded on your Medicare/Verified IHI record (if different at questions 2 and 3).

Family name

First given name

10 Date of birth

/ /

Go to 16

Deceased person's details

11 IHI number (if known)

OR

DVA number

OR

Medicare card number (if applicable)

- - Ref no.

12 Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

13 Date of birth

/ /

14 Date of death

/ /

15 Your relationship to the deceased person

Declaration

16 I declare that:

- the information on this form is correct.

Applicant's signature



Date

/ /

Privacy note

The information provided on this form will be used to create, verify or merge a Individual Healthcare Identifier with the Healthcare Identifiers Service. The collection of this information is authorised by the Healthcare Identifiers Act 2010. This information may be disclosed as required by law.

Office use only

Type of identification sighted (e.g. drivers license)

Comments

Operator number

Date

/ /

Branch