Online registration guide for Healthcare Provider Organisations

This guide was developed in close consultation with the North Coast Primary Health Network and the Gippsland Primary Health Network. The Australian Digital Health Agency (the Agency) greatly appreciates the input and guidance from these organisations.

About this guide

This document is intended as a guide to the online registration for My Health Record. It covers the application for the following three digital health services in one request:

- Healthcare Provider Identifier for Organisations (HPI-0)
- National Authentication Service for Health Public Key Infrastructure (NASH PKI) Certificate for Organisations
- ✓ My Health Record system

By following the instructions provided in this document, Responsible Officers (RO)¹ can generally complete the online registration for their Healthcare Provider Organisation (HPO) in 20 minutes.

Pre-Requisite Information

In order to expedite the application process, please have the following information available:

- The HPO's contact details;
- The HPO's Australian Business Number (ABN) or Australian Company Number (ACN) – this can be found on the Australian Business Register Lookup website
- HPO's Medicare PKI Certificate Registration Authority (RA) number²
- The RO's contact details

- O If the RO is known to the Department of Human Services, one of the following identifiers:
- The existing individual Medicare PKI certificate which provides access to the Human Services Business (RA Number);
- ✓ The Medicare Provider Number;
- Existing RO number for another HPO;
- 🛇 CSP officer number registered in the HI service;
- 🔗 Pharmacist PBS subsidised medicine approval number; or
- 🥑 Medicare PKI location certificate RA number.

If the RO is not known to the Department of Human Services, it will be necessary to provide at least 100 points of certified identity documentation. Information on appropriate identity documentation can be found at the back of this guide.

- 1 Responsible Officers may be practice business owners, practice managers or practice CEOs
- 2 Most HPOs will have this number but it may not be readily available. If it is not handy, contact the Human Services eBusiness Service Centre on 1800 700 199



Australian Government



Australian Digital Health Agency

Online registration guide for Healthcare Provider Organisations

Register and login online

The first step is to register or login to the registration portal at: **https://forms.digitalhealth.gov.au/** The portal will allow you to manage and track this application and any future applications you lodge.





Online registration guide for Healthcare Provider Organisations

Create application

Create application

Once you have successfully logged in, select 'Create Application'

Australian Government Australian Digital Health Agency Home		Digital Health On	line Fo	rms		
Applications Profile		ication History	continue buttor	i below.		Manage your Application If you have already registered, contra your existing application, or view a lis your previously submitted application
	Identifier	Applications	Date	Status	Action	
	Agency- 1803	Healthcare Identifiers (HI) Service My Health Record system NASH PKI Certificate	8/02/2017	Incomplete	Continue Withdraw	Need help? Ask an expert and receive additional with your application from Barn – 6pm
(Create	Application			e 1 s.	Call Us. 1300 901 001 Email: help@digitalheath gov au
						A Have a Ouertien?
						We have a range of FAQs to help ans your questions

Select the type of application •

All applicants are strongly encouraged to register as a Seed Organisation. A Seed Organisation is a healthcare provider organisation with an HPI-O and is a legal entity which is the head of a network hierarchy. A Network Organisation denotes a more complex organisational structure, and is infrequently appropriate to use. If further support is required on this point, please contact the Agency Help Desk on 1300 901 001.

Unless it is known that the HPO has a healthcare provider identifier (which is uncommon for HPOs without My Health Record), check all three boxes. The Department of Human Services (DHS) will ensure that no duplicates are created. Once the desired application type/s has/have been chosen, select 'begin application' to proceed.



Eligibility criteria

Ensure the HPO is eligible and select 'Yes'.





Online registration guide for Healthcare Provider Organisations

Complete and submit application

Application instructions and further information

The first screen will give background on the application process and definitions. Read each drop down section for further information on the application process. Once happy with the information, select "Next" at the bottom.

1	2	- 3 -	-4-	5	6	-(7)-	8	9	Manage your Applications
Instructions	Privacy Information & Consent	Nominating a Registration Representative	Healthcare Provider Organisation's Details	Responsible Officer's Details	Organisation Maintenance Othcer's Details	Notices & Declaration	Supporting Documents, Review & Submit	Confirmation of Submission	your existing application, or view a list your previously submitted applications
Applicatio How to use thi screen signature Click on the	n Instruct	tions and lication tool to the applicant for more info	Further In when they are re rmation:	nformatic	on The Declaration.				Need help? Ask an expert and receive additional h with your application from 8am – 6pm 4 Control to 1200 Role 1001
Registeri	ng in the H	ealthcare Id	lentifiers Se	rvice				~	Email: help@digitalhealth.gov.au
Identifyin	g Roles an	d Responsil	bilities					*	Have a Question?
Getting a	Digital Cre	dential						*	your questions Read M
Registeri	ng in the M	y Health Re	ecord system	n				*	
Privacy II	nformation							•	

2 Privacy information and consent

Read through the privacy consent, select the consent box when appropriate and select 'Next' to proceed.

lome									🗎 Lo
1-	2	-3-	-(4)	5	6	7	8	9	Manage your Applications If you have already resistered, continue
Instructions	Privacy Information & Consent	Nominating a Registration Representative	Healthcare Provider Organisation's Details	Responsible Officer's Details	Organisation Maintenance Officer's Details	Notices & Declaration	Supporting Documents, Review & Submit	Confirmation of Submission	your existing application, or view a list your previously submitted applications
Privacy In	formation	& Conse	nt						Need help?
	Online Former	te is managed by	the Australian E	Igital Health A	gency (the Agen	y) and facilitate	s the submissio	on of applications to	
Human Services 1	or digital health	services.							Ask an expert and receive additional h with your application from 8am – 6pm
Human Services 1 Any personal info register for the He	or digital health mation you prov althcare identifie	services. ide to the Agency irs Service and/or	y will be used by r the My Health F	the Agency for becord system	the purposes of and where releva	assisting you wi nt assisting you	th submitting ye with requestin	our application to g a National	Ask an expert and receive additional h with your application from Barn – 6pm . Call Us: 1300 901 001 Email: helo@digitalhealth.gov.au
Any personal info register for the He Authentication Se your organisation	or digital health mation you prov althcare Identifie rvice for Health # in relation to you	services. ide to the Agency ins Service and/or Public Key Infrast ar application, if ri	y will be used by r the My Health F ructure (NASH P equested by you	the Agency for lecord system (KI). The Agenc	the purposes of and where releva y may also use th	assisting you wi nt assisting you is information \$	th submitting yo with requestin or the provision	our application to g a National of follow up support to	Ask an expert and receive additional h with your application from Ram – Fipm, Call Us: 1305 001 001 Email: help@diotathealth.cov.au
Human Services 1 Any personal info register for the He Authentication Se your organisation The Agency will d perform the follow	or digital health : matton you prov althcare Identifie rvice for Health I in relation to you isclose the perso ing:	services. ide to the Agency ars Service and/or Public Key Infrast ar application, if re snal information y	y will be used by r the My Health F ructure (NASH P equested by you you provide in the	the Agency for tecord system : KI). The Agenc	the purposes of and where releva y may also use the services applicate	assisting you wi nt assisting you is information fi one to Human !	th submitting ye with requestin or the provision Services, for Hu	our application to g a National of follow up support to man Services to	Ask an expert and receive additional t with year application from RamEpin Call Us: 1300-901-001 Email: hebd@dotabhealth.cov.au Or Harve & Cluestion? We have a range of FACs to help aner your questions

3 Nominating a registration representative

It is not recommended that a registration representative be nominated as this guide provides all necessary information to complete the registration application in one sitting. Accordingly, select No and select 'next' to proceed.





Online registration guide for Healthcare Provider Organisations

Complete and submit application





Online registration guide for Healthcare Provider Organisations

Complete and submit application

5 Responsible Officer's Details -2--(3) 6 (7) 8 9 -(4) Organisation Notices & Supporting Maintenance Declaration Documents, Officer's Review & Submit Instructions Privacy Nominating a Information & Registration Consent Representative Is RO a known customer to the **Applicant Details Department of Human Services?** Are you a NoYes If the RO is a known customer to DHS, Type of known select the corresponding identification You have an existing incomparison of the kinetic sector of the number. By filling out this form, the registration will be much faster as it will not be necessary to submit further identification. MA12344455 **Complete the Responsible** Responsible Officer's (RO) Details Officerís Details denoted with an * Title Miss Family Name Jess First Given Name Madden Second Given Name Second Given Name Date of Birth* 15/08/1989 Suffix (eg Junior etc) Suffix Sex* Male Femal **Business details** Q Validate Business ter the Address and click the search button to validat Add the HPOs details and validate the address. Once all necessary Address has been validated details have been entered, select Business Phone Number (daytime)* the declaration to proceed 0299887766 Email* abc@abc.com Confirm Email* abc@abc.com Responsible Officer's relationship to the Seed Organisation I declare that. I am authorised to act as a Responsible Officer o behalf of the Seed Organisation in its dealings with the service operator in accordance with the Healthcare Identifiers Act 2010 PKI Individual Certificate for the RO 0 PKI Individual Certificate for the Responsible Officer Add the RA number of the PKI certificate Do you already have a Medicare PKI Individual Certificate?* O No (Please register me for a PKI Individual Certifica of the RO if it is known. However, if the No (One is not required at this tir RO does not have an individual PKI O Yes certificate, **DO NOT** apply for one, i.e. select the middle box. Select 'Next' to proceed



Online registration guide for Healthcare Provider Organisations

Complete and submit application

6 Organisations Maintenance Officers Details

In practice, the RO and OMO (Organisation Maintenance Officer) are functionally similar roles and are typically filled by the same person. Accordingly, please select 'Yes, I will be the RO and OMO' and select next to proceed.

If there is a later requirement to have these roles filled by different individuals, it is possible to make that adjustment at a later date through HPOS.¹

Notices and declarations

Complete the form by selecting "I have read the above" for each section and validate the ABN/CAN if required.

When signing, select: "Provide an onscreen signature" by using your mouse/ trackpad and select Next to proceed. If this is not selected, it will instead be necessary to print, sign, scan and upload a declaration as part of the Supporting Documentation.

B Supporting Documents, Review and Submit

Provide any necessary identity verification documentation. As the screenshot shows, no additional information will be needed if the HPO and RO are already known to the DHS.

Note: if documention is required, carefully complete each required form to avoid processing delays

Once all of necessary information has been entered, review and submit the form. From here, an email confirmation is sent to the applicant to confirm submission and receipt of the completed form by DHS. Complete forms are typically processed by DHS in 4-6 weeks.

Confirmation of submission

Upon submission of the registration application a confirmation will appear. Ensure details in this confirmation are recorded for later reference.

You can also track the progress of your application at https://forms.digitalhealth.gov.au/







 If the RO does not have an individual PKI certificate they would need to access the HI Service. Alternatively, this can also be accessed through creating a PRODA account.



Online registration guide for Healthcare Provider Organisations

Individual Identification Information

If you are not a Department of Human Services known customer, you must provide a minimum of one document from the primary group and further documents from the secondary group as required to make up a total of at least 100 points. Please include a deed poll or marriage certificate if there is a difference in the name on these documents. Copies of original documents must be sent with this online application. The copies provided must be certified by an acceptable referee. This referee must complete and sign the acceptable referee details form.

Primary group

- Birth certificate 70 pts
- Citizenship certificate 70 pts
- Current passport 70 pts
- Expired passport (not cancelled and not expired for longer than 2 years from date of application) 70 pts
- Other documentation of identify having the same characteristics of a passport 70 pts

Secondary Group

- Current Australian drivers licence 40 pts
- Identification card issued to a Commonwealth or state/territory employee, contractor or other personnel 40 pts
- Document provided by a current employer on employer letterhead and dated within the last 3 months prior to the application for the PKI Site Keys Certificates 35 pts
- If self-employed, relevant documentation from his/her registered tag agent/accountant 35 pts
- Land titles Office records **35 pts**
- A rating authority (lands rates document) 35 pts
- Reference to the latest telephone directory published by Telstra, and the telephone contact with the signatory of the person named on this number 25 pts
- Credit card tax invoice (2 or more credit card tax invoices from the same financial institution will be counted as 1) 25 pts
- Councils rates notice 25 pts
- Record of a public utility (e.g. utilities accounts, telephone, gas, electricity, internet service provider 25 pts
- Record held under law (other than a law relating to land titles) 25 pts

Common issues

If you need to provide identity documentation, please note the two common errors that frequently delay applications.

- The applicant has not signed the form or the signed form is sent separately
- EOI and A2A documents submitted with the application are not endorsed by a referee with an accompanying referee page (ARIF)

