



Purpose of this form

This form provides a streamlined method for pharmacists who are known customers of the Department of Human Services to:

- register the pharmacy as a seed organisation in the Healthcare Identifiers (HI) Service and the My Health Record
- apply for a National Authentication Service for Health (NASH) PKI site certificate.

The pharmacist will be registered as both the Responsible Officer (RO) and the Organisation Maintenance Officer (OMO) for the organisation, and the organisation details will be published in the Healthcare Provider Directory (this will include Organisation name, business address, organisation service details, daytime phone number, fax number, and email). Additional OMOs can be registered using the **Application to replace a Responsible Officer or add/remove an Organisation Maintenance Officer for an Organisation** form (HW040).

Read pages 1-2 of **Healthcare Identifier Service Application to register a Seed Organisation** form (HW018) for information you need to know.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS

Returning your form

Scan and email the completed form to healthcareidentifiers@humanservices.gov.au.

For more information

For more information about the HI Service go to humanservices.gov.au/hiservice or call **1300 361 457** Monday to Friday, between 8.30 am and 5.00 pm, AEST.

For more information about the My Health Record, go to myhealthrecord.gov.au or call **1800 723 471** Monday to Friday, between 8.30 am and 5.00 pm, AEST.

For more information about NASH certificates, go to humanservices.gov.au/nash

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988* and *Healthcare Identifiers Act 2010*.

Your personal information is collected by the Australian Government Department of Human Services and the Service Operator of the Healthcare Identifiers Service, for the purposes of registering your organisation as a Seed Organisation in the Healthcare Identifiers Service and the My Health Record.

The collection of this information is authorised by the *Healthcare Identifiers Act 2010* and *Privacy Act 1988*. Without this information, your application cannot be processed.

Your personal information may be used by the department or given to other parties, such as other Australian government departments and agencies, where you have agreed to that, or where it is required or authorised by law (including the *Healthcare Identifiers Act 2010* and *Privacy Act 1988*).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

The Australian Digital Health Agency, as the My Health Record System Operator, will collect personal information in this form from the department for the purpose of the My Health Record, and may also use and disclose this information as required or authorised by law, including the *My Health Records Act 2012* and *Privacy Act 1988*.

You can get more privacy information about the My Health Record at myhealthrecord.gov.au/privacy

Organisation identification details

Please be sure your **PBS approval number** for 1 is correct and that you use your **Medicare PKI site certificate RA number** for 2. This should not be confused with individual certificate RA numbers or PRODA numbers. Both numbers are required and must be correct.

1 PBS approval number

2 Medicare PKI site certificate RA number

Registration Representative's details

3 Title (Mr, Mrs, Dr, etc)

Family name

First given name

Second given name

4 Date of birth (DD/MM/YYYY)

5 Gender (Male/Female)

The address, phone number and email address supplied must be for business purposes. This information is required for the HI Service and will also be used for the My Health Record system.

6 Business address

Postcode

7 Daytime phone number

8 Email

Electronic Access to the HI Service

You can access the HI Service in HPOS electronically with an Individual PKI certificate or a PRODA account. We can add HI Service permissions to your existing certificate, or you can add them from the 'My Communities' menu in your PRODA account. Create a PRODA account at humanservices.gov.au/PRODA

9 Do you want to add HI Service permissions to your existing Individual PKI certificate? (Not required)

No **Go to 11**

Yes

10 RA number

Seed Organisation's details

The **Seed Organisation's name** in 11 must be exactly as it appears on the **Australian Business Register** for the ABN listed in 13. To confirm the business name see <https://abr.business.gov.au/>.

11 Seed Organisation's name (registered business name)

12 Trading name (if different to above)

13 Seed Organisation's Australian Business Number (ABN) or Australian Company Name (ACN)

ABN

OR

ACN

Seed Organisation's service details

Your **Organisation type** in the HI Service will be listed as 'Retail Pharmacy'. **Organisation service type** as 'Pharmacy, retail, operation' and **Organisation service unit** as 'Pharmacy, retail, operation'. For more information refer to the **Organisation Types Reference Guide** at humanservices.gov.au/hiservice

14 Business address

Postcode

15 Postal address (if different to above)

Postcode

Seed Organisation's service details (cont)

16 Daytime phone number

Email

Preferred Communication Method (Phone/Email)

Public Key Infrastructure (PKI) certificates

17 Add HI Service permissions to my Medicare PKI site certificate. (Required)

No

Yes

18 Request a NASH PKI site certificate to access the My Health Record system. (Required)

No

Yes

Declaration

Healthcare Identifier Service and My Health Record

I declare that:

- I will only access and use Healthcare Identifiers for the purposes defined in the *Healthcare Identifiers Act 2010*
- the organisation I am registering is eligible for provision of a Healthcare Provider Identifier – Organisation number under the *Healthcare Identifiers Act 2010*
- I understand the roles and responsibilities of the Responsible Officer and Organisation Maintenance Officer. If additional Organisation Maintenance Officers are registered at a later time, I will make sure they are aware of the requirements of the Organisation Maintenance Officer role
- I am applying on behalf of the Seed Organisation for registration as a healthcare provider organisation under the *My Health Records Act 2012*
- I have full legal authority to make this application on behalf of the Seed Organisation and to provide the requested information
- the information I have provided on this form is complete and correct

I acknowledge and understand that:

- penalties for unauthorised access and misuse apply under the *Healthcare Identifiers Act 2010*
- in order to participate in the My Health Record, the Seed Organisation must comply with the obligations described in the *My Health Records Act 2012* and the My Health Record Rules.

Declaration (cont)

National Authentication Service for Health

The organisation's legal entity agrees to be bound by:

- the attached National Authentication Service for Health Public Key Infrastructure Certificate for Healthcare Provider Organisations Terms and Conditions of Use and the Relying Party Agreement referred to in those Terms and Conditions of Use, and
- the Australian Government Department of Human Services Community of Interest Certificate Policy for the National Authentication Service for Health PKI Certificate for Healthcare Provider Organisations.

The organisation's legal entity declares that:

- the information provided in this form is complete and correct.
The organisation's legal entity understands that:
- giving false or misleading information is a serious offence.

By signing this application, I confirm that I am duly authorised to legally bind the organisation's legal entity.

Responsible Officer's name

Responsible Officer's position

Responsible Officer's signature *

Date (DD/MM/YYYY)

** To add a digital signature using Adobe Reader, select 'Fill & Sign' and ensure you select 'Draw Signature'. In all other circumstances please print, sign and scan this form.*