



Healthcare Identifiers Service

Application to add, replace or remove a contracted service provider officer (HW046)

Purpose of this form

Use this form to:

- add
- replace, **or**
- remove

a contracted service provider (CSP) officer to or from a CSP organisation record.

This form must be completed by the applicant for the Healthcare Identifiers (HI) Service.

Role of a contracted service provider officer

A CSP organisation must have one and up to a maximum of 3 CSP officers linked. A separate form is required to be completed for each additional CSP officer to be linked.

A CSP officer:

- is responsible for the creation of a CSP organisation
- may retire the CSP if the organisation is no longer operating in that capacity
- may request to reinstate a CSP organisation record that has been retired in error
- may update their own demographic details, **and**
- may update the details of the CSP organisation they represent.

If an individual is registered as either a responsible officer (RO) or an organisation maintenance officer (OMO) with another organisation in the HI Service, and that individual is becoming a CSP officer, existing details may be linked to a CSP organisation using this form.

Documents a contracted service provider officer must provide

To support this application a CSP officer must supply all of the following:

- certified copies of evidence of identity (EOI) for themselves (refer to list of documents in the following section), unless the CSP officer is a known customer (see Known customer - individual section), **and**
- a certified copy of documentary evidence of their authority to commit the CSP organisation.

Known customer - individual

Individuals who are registering as a CSP officer with the HI Service who have already provided us with EOI are not required to do so with this form. See questions 8 and 15 for lists of known customer numbers. We may request more information if required.

A CSP organisation that has a Services Australia Site PKI certificate issued by us is not required to provide evidence of the existence of the CSP organisation.

Evidence of identity

If you **are not** a known customer you must provide ONE document from both the Primary and Secondary groups. Include a deed poll or marriage certificate if there is a difference in name on these documents.

Copies of original documents must be sent with this form. The copies provided must be certified by an acceptable referee. For more information about how to get certified copies, go to servicesaustralia.gov.au/hiservice

Primary group

- Australian passport (including ordinary, frequent traveller, diplomatic, official and emergency)
- foreign passport
- Australian driver licence
- Australian Government issued proof of age card/photo card
- ImmiCard

Secondary group

- Department of Foreign Affairs and Trade (DFAT) issued Certificate of Identity or Document of Identity
- DFAT issued United Nations convention travel document
- foreign government issued documents (for example, driver licences)
- Medicare Card
- enrolment with the Australian Electoral Commission
- security guard/crowd control photo licence
- evidence of right to a government benefit (Department of Veterans' Affairs or Centrelink)
- consular photo identity card issued by DFAT
- police force officer photo identity card
- Australian defence force photo identity card
- Commonwealth or state/territory government photo ID card
- Aviation Security Identification Card
- Maritime Security Identification Card
- firearms licence
- credit reference check
- Australian tertiary student photo identity document
- certified academic transcript from an Australian university
- trusted referees report
- bank or credit card
- other authoritative online sources of evidence verified by a Third Party Identity Provider.

Documents required to provide evidence of the authority to commit

Evidence must be provided that the CSP officer has the authority to commit the business. The organisation name on the EOI must match the registered or trading name provided on this form.

Evidence required includes:

- an affidavit or statutory declaration sworn by a member of the board or executive of the organisation
- a deed of appointment, **or**
- any other documentation which displays that you hold a position of authority to commit the business.

For more information

You can:

- go to **servicesaustralia.gov.au/hiservice**
- email **healthcareidentifiers@servicesaustralia.gov.au**

There may be risks with sending personal information through unsecured networks or email channels.

- call **1300 361 457** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.

Applicant's details

- 1** As the person completing this form, you must be an existing CSP officer and wish to add or remove another CSP officer to a CSP organisation you are linked to.

CSP officer registration number or RO identifier (if known)

- 2** Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

- 3** Date of birth (DD MM YYYY)

- 4** Gender

Male

Female

- 5** Business address

Postcode

Postal address (if different to above)

Postcode

Registering or replacing a contracted service provider officer

- 6** I would like to: **Tick one only**
- create a new CSP officer and link to the CSP organisation I am linked to
- add an additional CSP officer to the CSP organisation I am linked to **Go to 14**
- remove a CSP officer from a CSP organisation **Go to 14**

If you are removing the only remaining CSP officer from a CSP organisation, a new CSP officer must be linked first.

New contracted service provider officer details

- 7** Is the new CSP officer already registered with the HI Service (for example, RO, OMO, Healthcare Provider Identifier – Individual or CSP officer)?

No **Go to 8**

Yes

Existing HI Service registration number

Known customer

- 8** NOTE for the new CSP officer: If you are a known customer, you do not need to supply EOI with this form. If you have supplied an existing RO or CSP officer number in question 1, you do not need to write in the number again. For more information, refer to **Known customer** section on page 1.

Tick one only from the following list and enter the associated identifier/number in the field below

You have an existing individual Provider Digital Access (PRODA) Registration Authority number (*RA number*)

You have an existing Medicare provider number

You have an existing CSP officer number (as supplied in question 1)

You have an existing RO identifier (as supplied in question 1)

You are the Certificate Manager for a healthcare provider organisation's existing Services Australia PKI site certificate or NASH PKI certificate (*RA number*)

You are a pharmacist approved to supply PBS subsidised medicine (*approval number*)

Known customer identifier

- 9** Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

- 10** Date of birth (DD MM YYYY)

- 11** Gender

Male

Female



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12 Business address **Tick your preferred address**

Postcode

Postal address (if different to above)

Postcode

13 Business phone number **Tick one preferred method of communication**
(including area code)

Mobile phone number

Fax number (including area code)

Email

▶ **Go to 20**

Contracted service provider officer details to be added or removed

14 Is the CSP officer already registered with the HI Service (for example, RO, OMO, Healthcare Provider Identifier – Individual or CSP officer)?

No ▶ **Go to 15**

Yes

Existing HI Service registration number

Known customer

15 If you are a known customer, you do not need to supply EOI with this form. If you have supplied an existing RO or CSP officer number in question 1, you do not need to write in your number again. For more information, refer to **Known customer** section on page 1.

Are you a known customer?

No EOI must be provided with this application.

Yes

Tick one only from the following list and enter the associated identifier/number in the field below

You have an existing individual Provider Digital Access (PRODA) Registration Authority number (*RA number*)

You have an existing Medicare provider number

You have an existing CSP officer number (as supplied in question 1)

You have an existing RO identifier (as supplied in question 1)

You are the Certificate Manager for a healthcare provider organisation's existing Services Australia PKI site certificate or NASH PKI certificate (*RA number*)

You are a pharmacist approved to supply PBS subsidised medicine (*approval number*)

Known customer identifier

16 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

17 Date of birth (DD MM YYYY)

____ | ____ | _____

18 Gender

Male

Female

19 Business address

Postcode

Postal address (if different to above)

Postcode

Contracted service provider organisation the contracted service provider officer is being added to or removed from

20 CSP organisation registration number (if known)

21 Organisation name

22 Trading name (if different to above)

23 Business address

 Postcode

Postal address (if different to above)

 Postcode

Privacy notice

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

Your personal information is collected by Services Australia and the service operator of the Healthcare Identifiers Service, for the purposes of the registration of an organisation as a contracted service provider or adding, replacing or removing a contracted service provider officer.

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 Services Australia 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 Services Australia will manage your personal information, including our privacy policy, at servicesaustralia.gov.au/privacy

The My Health Record System Operator will collect personal information in this form from Services Australia for the purpose of the My Health Record system 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*.

For more information, see the My Health Record System Operator's privacy policy at digitalhealth.gov.au/privacy

Applicant's declaration

25 I declare that:

- I have attached all relevant documentation to support this application.
- the information I have provided in this form is complete and correct.
- I will only access and use Healthcare Identifiers for the purposes defined in the *Healthcare Identifiers Act 2010*.

I understand that:

- penalties for unauthorised access and misuse apply under the *Healthcare Identifiers Act 2010*.
- giving false or misleading information is a serious offence.

Applicant's signature



Date (DD MM YYYY)

Returning this form

Return this form and any supporting documents by:

- **email to healthcareidentifiers@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.
- post to
Services Australia
HI Service
GPO Box 2987
MELBOURNE VIC 3001

Office use only

- CSP officer EOI documents sighted
- CSP officer/CSP authority documents sighted
- Known customer confirmed