

Completing this task online is faster and easier

Your Organisation Administrator if you have one, can register, update or end user access online through the Aged Care Portal servicesaustralia.gov.au/proda

When to use this form

Use this form to register, amend or remove users for the Aged Care Provider Portal if you do not already have a person in your organisation with user access at Organisation administrator level.

If you want to register, amend or remove a user for more than one service, complete a separate form for each service.

Only authorised persons (key personnel) can sign this form, as defined in Schedule 1 of the *Aged Care Act 1997* (Cth).

Aged Care Provider Portal

The Aged Care Provider Portal is accessed using Provider Digital Access (PRODA). Each user will first need to register for a PRODA account to access the portal.

Each user's personal details filled out on this form must exactly match the family name and first name listed on their PRODA account.

For more information about PRODA, go to servicesaustralia.gov.au/proda

Nominated users levels of access

A user can have 4 access levels per service. User access will expire **after 12 months**.

View gives authority to view:

- submitted events
- care recipient information
- care recipient profiles including associated events
- current and historical claims

Financials gives authority to:

- view current and historical payment statements

Maintain gives authority to:

- register (new) events
- update (correct) events
- delete (reverse) events
- the View access level

Organisation administrator gives authority to:

- register new users
- manage user access
- view and manage available service information

For more information

Go to servicesaustralia.gov.au/agedcareportal

If you need assistance completing this form, call **1800 195 206** Monday to Friday, 8:30 am to 5 pm Australian Eastern Standard Time.

Call charges may apply.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Service details

This section must be completed.

1 Service name

2 Service ID

3 Service type:

- Residential care
- Home care
- Transition care
- Short-term restorative care

4 Postal address

Postcode

5 Contact person's name (service manager or equivalent)

Family name

First name

6 Daytime phone number (including area code)

Email



MCA0AC004 2306

Nominated users

When entering user names in this section, they must exactly match the family name and first name listed on the user's PRODA account.

7 List the nominated users below.

Nominated user 1

This nominated user is:

- a new user
 being amended
 being removed

Family name

First name

Daytime phone number (including area code)

Email

Aged Care User ID (if applicable)

PRODA Registration Authority number (mandatory field)

Authorisation levels

For information on authorisation levels, refer to page 1.

Tick all that apply

- View
Financials
Maintain
Organisation administrator

Date of effect

The date the user will have access from or the date access changes are required from.

(DD MM YYYY)

End date with service

The date the user has access until, or if their access is being removed. Maximum period of access is 12 months.

(DD MM YYYY)

Nominated user 2

This nominated user is:

- a new user
 being amended
 being removed

Family name

First name

Daytime phone number (including area code)

Email

Aged Care User ID (if applicable)

PRODA Registration Authority number (mandatory field)

Authorisation levels

For information on authorisation levels, refer to page 1.

Tick all that apply

- View
Financials
Maintain
Organisation administrator

Date of effect

The date the user will have access from or the date access changes are required from.

(DD MM YYYY)

End date with service

The date the user has access until, or if their access is being removed. Maximum period of access is 12 months.

(DD MM YYYY)

Nominated user 3

This nominated user is:

- a new user
- being amended
- being removed

Family name

First name

Daytime phone number (including area code)

Email

Aged Care User ID (if applicable)

PRODA Registration Authority number (mandatory field)

Authorisation levels

For information on authorisation levels, refer to page 1.

Tick all that apply

- View
- Financials
- Maintain
- Organisation administrator

Date of effect

The date the user will have access from or the date access changes are required from.

(DD MM YYYY)

End date with service

The date the user has access until, or if their access is being removed. Maximum period of access is 12 months.

(DD MM YYYY)

Nominated user 4

This nominated user is:

- a new user
- being amended
- being removed

Family name

First name

Daytime phone number (including area code)

Email

Aged Care User ID (if applicable)

PRODA Registration Authority number (mandatory field)

Authorisation levels

For information on authorisation levels, refer to page 1.

Tick all that apply

- View
- Financials
- Maintain
- Organisation administrator

Date of effect

The date the user will have access from or the date access changes are required from.

(DD MM YYYY)

End date with service

The date the user has access until, or if their access is being removed. Maximum period of access is 12 months.

(DD MM YYYY)

If you need more space, provide a separate sheet with details.

Terms and conditions

8 In these terms and conditions, a reference to 'I', 'me' or 'my' is a reference to the applicant/s agreeing to these terms and conditions and all parties acting on their behalf.

8.1 I agree to:

- a. comply with these terms and conditions for Online Claiming for Aged Care
- b. ensure that all information I provide, and representations I make, to Services Australia, are complete and accurate
- c. promptly notify Services Australia in the event that I consider any information provided, or representations made, by me is or may be incorrect or misleading (giving false or misleading information is a serious offence under the *Criminal Code Act 1995* (Cth))
- d. keep my Aged Care User ID, password and any security details related to my access confidential and secure if Services Australia has provided me with access to the Aged Care Provider Portal
- e. if Services Australia has provided me with access to the Provider Digital Access (PRODA), keep my PRODA User ID, password and any security details related to my access confidential and secure
- f. immediately notify Services Australia in writing if my Aged Care Provider Portal or PRODA user identification, or any associated passwords or identification issued by Services Australia in relation to my access to Online Claiming for Aged Care, is compromised in any way
- g. use my user identification and associated password (valid at the time of the dispatch of the communication) issued by Services Australia when using Online Claiming for Aged Care to send communication to Services Australia.

8.2 I agree that:

- a. Services Australia may from time to time change its technical requirements in relation to the use of Online Claiming for Aged Care, which may require me to change my Aged Care Provider Portal or PRODA user identification or associated passwords
- b. Services Australia is not responsible for any costs, losses or damage I incur in connection with Online Claiming for Aged Care (including, without limitation, communication costs, support costs, software acquisition or losses associated with Online Claiming for Aged Care being from time to time inoperative or inaccessible)
- c. Services Australia may change or add to these terms and conditions at any time, by giving me notice by mail, by fax or electronically. A message sent to my business email address (as held in Services Australia records) or by notice published on Services Australia website servicesaustralia.gov.au/health-professionals are acceptable methods of electronic notice

- d. if I use Online Claiming for Aged Care after I have been notified of a change or addition to these terms and conditions, I will be taken to have agreed to that change or addition in respect of all uses of Online Claiming for Aged Care after that date. These terms and conditions may not be otherwise changed orally or by conduct by me
- e. I must ensure that my agents do not do anything that prevents me from complying with these terms and conditions
- f. Services Australia may at any time, at its absolute discretion, restrict, suspend or terminate my access to Online Claiming for Aged Care with Services Australia, whether because of a breach of these terms and conditions or for any other reason
- g. I may terminate this agreement with Services Australia by giving written notice to Services Australia. I understand that I will not be able to conduct transactions with Services Australia using Online Claiming for Aged Care after I give such notice
- h. if this agreement is terminated, my obligations under these terms and conditions will continue in respect of any claims I made using Online Claiming for Aged Care before the date of termination
- i. I must maintain an electronic record (in a retrievable and readable form) of all Online Claiming for Aged Care transactions as required by the *Aged Care Act 1997* (Cth)
- j. I must promptly notify Services Australia of all changes to authorised persons, including the removal of previously authorised person or the addition of a new person
- k. I must ensure I have appropriate business and security controls in place to ensure all claims, forms and other documentation submitted to Services Australia, whether using Online Claiming for Aged Care or otherwise, are appropriately authorised
- l. any use of Online Claiming for Aged Care in respect of an Aged Care Service (that is the subject of this application and terms and conditions) is taken to be a use of Online Claiming for Aged Care by me
- m. I must notify Services Australia in writing as soon as I become aware that an unauthorised person has submitted claims, forms or other documentation to Services Australia, whether using Online Claiming for Aged Care or otherwise
- n. where, as a result of claims or forms submitted by me using Online Claiming for Aged Care or otherwise, an amount is paid to me that represents an overpayment under the *Aged Care Act 1997* (Cth), Services Australia may, at its discretion, deduct an amount equal to the overpayment from subsequent amounts which may be payable to me
- o. I will be accessing Data Items that include protected information (as defined under section 86-1 of the *Aged Care Act 1997* (Cth)) and personal information (as defined under subsection 6(1) of the *Privacy Act 1988* (Cth)) in the course of my aged care work.
- p. I will not make a record of, disclose or otherwise use the Data Items and protected information other than in the course of my aged care work.
- q. I understand that failure to do so may be an offence under the *Aged Care Act 1997* (Cth), conviction for which is punishable by a term of imprisonment.

8.3 These terms and conditions are issued under and are to be construed in accordance with the laws in force from time to time in the Australian Capital Territory. All parties submit to the exclusive jurisdiction of the courts of the Australian Capital Territory and courts of appeal from them. Neither party will object to the exercise of jurisdiction by those courts on any basis.

Privacy notice

9 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

10 I agree to:

- conduct transactions electronically with Services Australia using online claiming for Aged Care.

I understand that:

- giving false or misleading information is a serious offence.

I declare that:

- I have authority to sign this document on behalf of the Aged Care service provider specified at question 1.
- The information provided in this form is complete and correct.
- I have read and understood the Terms and Conditions as outlined in question 8.

Authorised person's full name

Authorised person's signature



Date (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Returning this form

You must complete all applicable fields. Incomplete forms may be rejected or returned to you for further information.

Return this form and any supporting document(s) by:

- **email to aged.care.liaison@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.
- post to
Services Australia
Aged Care Payments Team
PO Box 7854
CANBERRA BC ACT 2610