



# Healthcare Identifiers Service

## Request an Individual Healthcare Identifier or amend an Individual Healthcare Identifier record (MS003)

### When to use this form

Use this form if you (or a dependent child(ren) younger than 14 years of age for whom you have parental responsibility) need to get an Individual Healthcare Identifier (IHI) and:

- are not eligible for Medicare, or
- you are not eligible for a pension or benefit from the Department of Veterans' Affairs (DVA).

You can also use this form to amend your (or your dependent child's) personal details where you have an existing IHI and are in one of the above categories.

Individuals 14 years of age and older can request their own IHI using this form.

You must be in Australia when you apply.

### Important information

You will receive a letter to let you know the outcome of your application.

### Healthcare Identifiers (HI) Service

The HI Service provides a consistent set of identifiers for individuals and healthcare providers. Healthcare identifiers provide a way to match the correct record to the person being treated. This improves accuracy when health information is shared between healthcare providers.

The *Healthcare Identifiers Act 2010* is available at [legislation.gov.au](http://legislation.gov.au)

### Individual healthcare identifiers

An IHI is a unique 16 digit number used to identify an individual for healthcare purposes in Australia.

No clinical information is linked to the identifier. You do not need to remember your IHI to receive healthcare.

If an IHI is being requested for a person younger than 14 years of age, it will be created using the address of the parent or guardian.

### My Health Record

A My Health Record is an online summary of an individual's health information. It can be accessed at any time by the individual and their healthcare providers.

You can get a My Health Record:

- for yourself, after you get your IHI, or
- for a child younger than 14 years of age, after you get their IHI.

For more information, go to [digitalhealth.gov.au](http://digitalhealth.gov.au)

### Evidence of identity

You must provide **1** certified document from the Primary group or **2** certified documents from the Secondary group for each person applying for an IHI or applying to amend their personal details. The names in these documents must be identical. Documents provided must be current at time of application.

We cannot process your application if your document(s) are not certified. For information about how to certify documents, go to [servicesaustralia.gov.au/ihi](http://servicesaustralia.gov.au/ihi)

#### Primary group

- Australian passport
- foreign passport or travel document with valid Australian visa
- Australian driver licence
- photo identification card issued by the Commonwealth, state or territory government
- Australian birth certificate

#### Secondary group

- Department of Foreign Affairs and Trade (DFAT) issued United Nations convention travel document
- foreign government issued documents (for example, driver licences)
- Australian issued security guard/crowd control photo licence
- consular photo identity card issued by DFAT
- Australian tertiary student photo identity document
- Australian secondary student photo identity document
- certified academic transcript from an Australian university
- Australian bank or financial institution card

If you need to amend your, or your child's personal details (other than gender or contact details, for example phone number), you must also provide 1 of the following certified documents that provides this evidence:

- change of name certificate
- marriage certificate
- Australian passport
- foreign passport or travel document with a valid Australian visa.

### For more information

You can:

- go to [servicesaustralia.gov.au/ihi](http://servicesaustralia.gov.au/ihi)
- email [healthcareidentifiers@servicesaustralia.gov.au](mailto:healthcareidentifiers@servicesaustralia.gov.au)

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

- call 1300 361 457 for help or to ask for a free interpreter service. Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

## Filling in this form

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

For help on how to fill in our forms, go to [servicesaustralia.gov.au/formhelp](https://servicesaustralia.gov.au/formhelp)

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 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

2 Your date of birth (DD MM YYYY)

3 Individual Healthcare Identifier (if applicable)

4 Your gender

Male ☐

Female ☐

Non-binary ☐

Indeterminate or intersex ☐

Prefer not to say ☐

5 Your sex at birth

Male ☐

Female ☐

Intersex ☐

6 Your residential address in Australia

Postcode

Your postal address in Australia (if different to above)

Postcode

Your previous residential address in the last 3 years

Postcode

7 Daytime phone number (including area code)

Mobile phone number

Email

8 I would like to:

Tick one only

get an IHI for myself ☐ ➔ **Go to 12**

get an IHI for a dependent child  
younger than 14 years of age ☐ ➔ **Go to 9**

amend my personal details for an existing IHI ☐ ➔ **Go to 11**

amend personal details for an existing IHI  
connected to a child younger than  
14 years of age ☐ ➔ **Go to 10**

If you need to select more than one option, provide a separate form.



MCA0MS003 2512

**9** Do you have parental responsibility for this child(ren)?

No ☐ As you do not have parental responsibility for the child(ren), you cannot request an LHI for them.

Yes ☐ Give details

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

Gender Male ☐ Female ☐ Non-binary ☐  
Indeterminate or intersex ☐ Prefer not to say ☐

Sex at birth Male ☐ Female ☐ Intersex ☐

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

Gender Male ☐ Female ☐ Non-binary ☐  
Indeterminate or intersex ☐ Prefer not to say ☐

Sex at birth Male ☐ Female ☐ Intersex ☐

► **Go to 12**

Use separate forms if you need to amend personal details connected to more than one person.

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

Gender Male ☐ Female ☐ Non-binary ☐  
Indeterminate or intersex ☐ Prefer not to say ☐

Sex at birth Male ☐ Female ☐ Intersex ☐

Your residential address in Australia

Postcode

Your postal address in Australia (if different to above)

Postcode

Daytime phone number (including area code)

Mobile phone number

Email

► **Go to next question**

## 11 New personal details (only provide details that have changed)

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

Gender Male ☐ Female ☐ Non-binary ☐  
Indeterminate or intersex ☐ Prefer not to say ☐

Sex at birth Male ☐ Female ☐ Intersex ☐

Your residential address in Australia  
  
  
  
Postcode

Your postal address in Australia (if different to above)  
  
  
Postcode

Daytime phone number (including area code)

Mobile phone number

Email

► **Go to next question**

## Privacy notice

**12** Your personal information is protected by law, including the *Privacy Act 1988* and the *Healthcare Identifiers Act 2010*, and is collected by Services Australia and the service operator of the Healthcare Identifiers Service, for purposes related to the operation of the Healthcare Identifiers Service. The collection of this information is required to process your application.

Your information may be used by us, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

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/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

## Applicant's declaration

### 13 I declare that:

- I have provided certified copies of identification document(s) to support this application
- I have parental responsibility for the child(ren) younger than 14 years of age that I have included on this form
- the information I have provided in this form is complete and correct.

### I understand that:

- I am not entitled to claim Medicare or pharmaceutical benefits with the Individual Healthcare Identifier requested or updated in this form
- 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 document(s) by:

- **email to [healthcareidentifiers@servicesaustralia.gov.au](mailto:healthcareidentifiers@servicesaustralia.gov.au)**  
There may be risks with sending personal information through unsecured networks or email channels.
- post to  
Services Australia  
eBusiness Service Centre  
PO Box 9822  
BRISBANE QLD 4000