

Completing this task online is faster and easier

Your organisation administrator can register, update or remove users online in the Aged Care Provider Portal (ACPP). For more information go to servicesaustralia.gov.au/agedcareportal

If you do not have an organisation administrator, use this form.

When to use this form

Use this form:

- if you do not have an organisation administrator to enter this information online
- to register, amend or remove users of the ACPP.

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 under the *Aged Care Act 2024* (Cth).

Aged Care Provider Portal

You need a Provider Digital Access (PRODA) account to access the ACPP.

Each user's personal details as completed on this form, must match those recorded in 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 help completing this form, call **1800 195 206** 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

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

- Support at Home
 residential care
 transition 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



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Nominated users

When entering usernames in this section, they must match those recorded in 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 piece of paper.

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 registered providers
- 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 registered providers, 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 registered providers 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 registered providers, 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 registered providers (including, without limitation, communication costs, support costs, software acquisition or losses associated with online claiming for registered providers 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 registered providers 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 registered providers 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 registered providers 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 registered providers 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 registered providers before the date of termination
- i. I must maintain an electronic record (in a retrievable and readable form) of all online claiming for registered providers transactions
- 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 registered providers or otherwise, are appropriately authorised
- l. any use of online claiming for registered providers 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 registered providers 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 registered providers or otherwise
- n. where, as a result of claims or forms submitted by me using online claiming for registered providers or otherwise, an amount is paid to me that represents an overpayment under the *Aged Care Act 2024* (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 (under the *Aged Care Act 2024* (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 2024* (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 declare that:

- I have authority to sign this document on behalf of the aged care service specified at question 1
- I have read and understood the terms and conditions as outlined in question 8
- the information provided in this form is complete and correct.

I agree to:

- conduct transactions electronically with Services Australia using online claiming for registered providers.

I understand that:

- giving false or misleading information is a serious offence.

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

You must complete all applicable fields. Incomplete forms will not be accepted.

Return this form **online** using the Aged Care Provider Portal.

For more information, go to

hpe.servicesaustralia.gov.au/INFO/ACPP/ACPPM06INFO5.pdf

If you do not have Organisation Administrator access, return this form by email to AC004@servicesaustralia.gov.au

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

Make sure your documents are:

- clear and show all information
- in PDF, JPG, PNG, GIF or BMP format
- not password protected, or in a WinZip or RAR file
- no larger than 5MB for each document
- no larger than 10MB in total for all the documents.