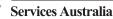
Australian Government



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 officer is responsible for:

- the creation of a CSP organisation
- retiring the CSP organisation if the organisation is no longer operating in that capacity
- requesting to reinstate a CSP organisation record that has been retired in error
- updating their own demographic details
- updating the details of the CSP organisation they represent.

A CSP organisation must have one and up to a maximum of three CSP officers linked.

If an individual is registered in the HI Service in another capacity (for example, as a responsible officer (RO), organisation maintenance officer (OMO) or individual healthcare provider) and that individual is applying to become 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 provide:

- certified copies of evidence of identity (EOI) for themselves (see Evidence of identity), unless the CSP officer is a known customer (see Known customer - individual), and
- a certified copy of documentary evidence of their authority to commit the CSP organisation (see **Documents required to provide evidence of the authority to commit** on page 2 of this form).

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 a minimum of **one** document from the Primary group and **one** document from the Secondary group. You must include a Deed Poll or marriage certificate if there is a difference in name in these documents.

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, state or 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 referee's report
- bank or credit card
- other authoritative online sources of evidence verified by a Third Party Identity Provider.

Certified copies of original documents

If you are attaching documents, the copies provided must be certified. For information about how to certify documents, go to **servicesaustralia.gov.au/hiservice**

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.

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.
- Where you see a box like this **Go to 1** skip to the question number shown.

Applicant's details

	egistration number or RO identifier (if known)
Dr 🗌 Mr 🗌] Mrs 🗌 Miss 🗌 Ms 🗌 Mx 🗌 Other
Family name	
First given na	Ime
Second given	name
Date of birth	(DD MM YYYY)
Your gender	_
Male	
Female Non-binary	
Business add	
	Postcode
Postal addres	ss (if different to above)

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 D 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.						
Ne	w 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 Read this before answering the following question.

If the new CSP officer is a known customer, they do not need to provide EOI with this form. If you have provided 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 - individual** on page 1 of this form.

Type of known customer

Tick one only and provide the associa number in the field be	
You have an existing individual Provider Digital Access (PRODA) Registration Authority (RA) number	
You have an existing Medicare provider number	
You have an existing CSP officer number (provided in question 1)	
You have an existing RO identifier (provided in question 1)	
You are the Certificate Manager for a healthcare provider organisation's existing Services Australia PKI site certificate or NASH PKI certificate <i>(RA number)</i>	
You are a pharmacist approved to supply PBS subsidised medicine <i>(approval number)</i>	
Known customer identifier	



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)	Dr Mr Mrs Miss Ms Mx Other	Kn	own customer
,	Family name	15	Read this before answering the following question.
	First given name		If you are a known customer, you do not need to provide EOI with this form. If you have provided 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
	Second given name		customer - individual on page 1 of this form
			Are you a known customer?
0	Date of birth (DD MM YYYY)		No Go to 16 (Certified EOI must be provided with this application)
			Yes Type of known customer
1	Your gender		Tick one only and provide the associate number in the field belov
	Male Female		You have an existing individual Provider Digital Access (PRODA) Registration Authority (RA) number
•	Non-binary		You have an existing Medicare provider number \square
Z	Business address Tick your preferred address		You have an existing CSP officer number (provided in question 1)
			You have an existing RO identifier
	Postcode		(provided in question 1)
	Postal address (if different to above)		You are the Certificate Manager for a healthcare provider organisation's existing Services Australia PKI site certificate or NASH PKI certificate (<i>RA number</i>)
			You are a pharmacist approved to supply PBS subsidised medicine <i>(approval number)</i>
	Postcode		Known customer identifier
3	Business phone number Tick one preferred		
	(including area code) method of communication		
		16	
	Mobile phone number		Family name
			First since some
	Fax number (including area code)		First given name
	Email		Second given name
	Go to 20	17	Date of birth (DD MM YYYY)
	ntracted service provider officer details to be	18	Your gender
dC	led or removed		Male
4	Is the CSP officer already registered with the HI Service		Female
	(for example, RO, OMO, Healthcare Provider Identifier –		Non-binary
	Individual or CSP officer)?	19	Business address
	No Go to 15		
	Yes Existing HI Service registration number		
			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/privacypolicy**

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.
- I will only access and use healthcare identifiers for the purposes defined in the *Healthcare Identifiers Act 2010*.
- the information I have provided in this form is complete and correct.

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

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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

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