



Healthcare Identifiers Service

Application to amend details of a Contracted Service Provider organisation record (HW043)

When to use this form

Use this form to add or amend the record of a Contracted Service Provider (CSP) organisation. You must make sure that the amendments made to a CSP organisation details do not deem the CSP organisation ineligible for ongoing use of a CSP registration number under the *Healthcare Identifiers Act 2010*.

Contracted Service Provider organisations

A CSP organisation is a legal business entity that provides information technology services under contract with the Healthcare Organisation relating to the communication of health information or health information management.

The CSP organisation is a legal business entity that is registered with the Healthcare Identifier (HI) Service by the CSP officer.

Contracted Service Provider amendment

Before the details of a CSP organisation can be amended, it is a requirement that the applicant completes the **Applicant's details** section of this form. The applicant must be an individual linked as a CSP officer to the CSP organisation being amended.

Certified copies of original documents

Certified copies of original documents must be sent with this form. The copies provided must be certified by an acceptable referee, who needs to complete **Part B**.

Documents required confirming a Contracted Service Provider organisation name change

The CSP officer must provide certified documentary evidence of a name change for the CSP organisation. Acceptable documentary evidence **must** include **one** of the following:

For individuals or sole traders:

- a document issued by the Australian Taxation Office bearing the individual's name or business name and their tax file number.

For other legal business entities:

- certificate of registration of a company issued by the Australian Securities and Investments Commission
- strata certificate or registration
- sale or purchase of business
- a statement of transactions issued by a financial institution in the name of the company, and less than 1 year old
- appointment of trustee
- lease agreement of a business property
- rates notice of business property, or
- certificate of change of name issued by Australian Securities and Investments Commission

Public Key Infrastructure for the Healthcare Identifiers Service

You need a Services Australia Public Key Infrastructure (PKI) certificate to access the HI Service. You can use this form to apply for one.

If a Services Australia PKI certificate has already been issued, HI Service access will be added to the existing certificate (complete Question 21 of this form).

Roles of Authorisers and Certificate Managers relating to National Authentication Services for Health PKI Certificates

An Authoriser is a person within an organisation who has the capacity to commit the business and appoint a Certificate Manager. Persons who hold a position include (but are not limited to) CEO, Company Director, Partner or Company Owner.

A Certificate Manager is an individual authorised by an Authoriser of an organisation to perform certain functions in the management and application of the organisation's business certificates. An organisation may have more than one Certificate Manager.

Filling in this form

You can complete this form on your computer, print and sign 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.

Returning this form

Return this form and any certified copies of any relevant documentation:

- **by post to:**
Services Australia
HI Service
PO Box 2987
MELBOURNE VIC 3001
- **by email to: healthcareidentifiers@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.
- **by fax to: 03 9605 7987**

For more information

For more information about the HI Service, go to servicesaustralia.gov.au/hiservice or email healthcareidentifiers@servicesaustralia.gov.au or call **1300 361 457** Monday to Friday, 8.30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

Applicant's details

- 1** The applicant must be registered as a CSP officer to the organisation that is being amended.
- CSP officer registration number (if known)
-
-
- 2**
- Dr
-
- Mr
-
- Mrs
-
- Miss
-
- Ms
-
- Other
-
-
- Family name
-
-
-
- First given name
-
-
-
- Second given name
-
-
-
- 3**
- Date of birth
-
-
- /
-
- /
-
-
- 4**
- Gender Male
-
- Female
-
-
- 5**
- Business address
-
-
-
-
-
-
- Postcode
-
- 6**
- Daytime phone number
-
-
- (
-
-)
-
-
- Email
-
-

Contracted Service Provider organisation registration number and name of Contracted Service Provider organisation to be amended

- 7** CSP organisation registration number

Current CSP organisation name

Amend Contracted Service Provider organisation details

- 8** I would like to:
- Tick all that apply**
- Remove, add or amend CSP organisation name details
- Remove, add or amend CSP organisation address details **Go to 14**
- Remove, add or amend CSP organisation contact details **Go to 17**
- Add or amend organisation Public Key Infrastructure (PKI) details **Go to 20**

Contracted Service Provider organisation name details

- 9** I would like to:
- Tick one only**
- Remove name details
- If you have more than one name recorded, you may choose to remove one.
- Amend name details
- Add name details **Go to 11**

Existing name details

- 10** CSP organisation name

New name details

- 11** New CSP organisation name **Tick your preferred name**

Trading name (if different from above)

12 Enter the date of the CSP organisation name change
 / /
13 CSP organisation's Australian Business Number (ABN) or Australian Company Number (ACN)
ABN

OR
ACN
--

Contracted Service Provider address details

- 14** I would like to:
- Tick one only**
- Remove the address details
- If you have more than one address recorded, you may choose to remove one.
- Amend the address details
- Add the address details **Go to 16**

Existing address details

- 15** Business address

 Postcode
Postal address (if different to above)

 Postcode

New address details

16 Business address Tick your preferred address

	<input type="checkbox"/>
Postcode	<input type="checkbox"/>

Postal address (if different to above)

Postcode	<input type="checkbox"/>

Contracted Service Provider contact details

17 I would like to:

Tick one only

Remove the contact details

If you have more than one contact details recorded, you may choose to remove one.

Amend the contact details

Add the contact details **Go to 19**

Existing contact details

18 Daytime phone number

Mobile phone number

Fax number

Email

New contact details

19 Daytime phone number Tick one preferred method of communication

<input type="text" value="()"/>	<input type="checkbox"/>
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Mobile phone number

<input type="text"/>	<input type="checkbox"/>
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Fax number

<input type="text" value="()"/>	<input type="checkbox"/>
----------------------------------	--------------------------

Email

<input type="text"/>	<input type="checkbox"/>
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Contracted Service Provider organisation Public Key Infrastructure details

20 Does the organisation have a Site PKI certificate with Services Australia?

No, please register the CSP organisation for a Site PKI certificate **Go to 22**
Yes

21 Existing PKI Registration Authority (RA) number

Permission to access the HI Service will be linked to your existing certificate. Access to the HI Service on behalf of a healthcare provider organisation, will only be available after they have requested to link your CSP number to their Healthcare Provider Identifier - Organisation.

If you are requesting a PKI certificate, you must supply a business address, a fax number and a personal email address used for business purposes.

Privacy notice

22 Your personal information is protected by law, including the *Privacy Act 1988* 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 authorised by the *Healthcare Identifiers Act 2010*, and is required to process your application.

Your information may be used by Services Australia, 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/privacy

Declaration

23 I declare that:

- the information I have provided in this form is complete and correct.
- I will only access and use the Healthcare Identifiers for the purposes defined in the *Healthcare Identifiers Act 2010* and acknowledge penalties for unauthorised access and misuse apply under the *Healthcare identifiers Act 2010*.

I understand that:

- giving false or misleading information is a serious offence.

Applicant's signature



Date

Office use only

CSP organisation documents sighted

PART B — Acceptable referee identification

A separate **Part B** should be completed for each individual and organisation whose documents have been certified and submitted in support of this application.

Acceptable referee categories:

- a** a member of the Institute of Chartered Accountants in Australia, Australian Society of Certified Practising Accountants or the National Institute of Accountants
- b** a member of a municipal, city, town, district or shire council of a state or territory
- c** a legal practitioner of a federal, state or territory court
- d** a registrar, clerk, sheriff or bailiff of a federal, state or territory court
- e** an individual registered or licensed as a dentist, medical practitioner, pharmacist or veterinary surgeon under a law of the state or territory providing for that registration or licensing
- f** an individual who holds the position of nursing sister and is registered as a nurse under a state or territory law providing for that registration
- g** a judge or master of a federal, state or territory court
- h** a stipendiary magistrate of the Commonwealth or of a state or territory
- i** a justice of the peace of a state or territory
- j** a member of parliament or a state parliament
- k** a member of the Legislative Assembly of the Australian Capital Territory or the Northern Territory
- l** a member of the Australian Federal Police, or of the police force of a state or territory, who, in the normal course of their duties, is in charge of a police station
- m** a manager of a Post Office
- n** an individual employed as an officer or employee by one or more of the following:
 - the Commonwealth, a state or territory
 - an authority of the Commonwealth, a state or territory, **or**
 - a local government body of a state or territorywho has been so employed continuously for a period of at least 5 years, whether or not the individual was employed for part of that period as an officer and for part as an employee
- o** an individual employed as a full-time teacher or as a principal at an educational institution and has been so employed continuously for a period of at least 5 years
- p** an individual who, in relation to an Aboriginal community is recognised by the members of the community to be a community elder or if there is an elected Aboriginal council that represents the community, is an elected member of the council, **or**
- q** a Commissioner of Oaths of a state or territory.

Details of organisation being verified

1 Organisation name

Details of individual being verified

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

Referee's details

Referees are responsible for making sure that all documentary evidence of identity is:

- a copy of the original, **and**
- certified by signing each of the documents with the statement **'This is a true copy of the original as supplied to me.'**

3 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

4 Business address

Postcode

5 Daytime phone number

6 Occupation

7 Category (see **Acceptable referee categories**)

Referee's declaration

8 I declare that:

- the information I have provided in this form is complete and correct.
- all documentary evidence of identity is a copy of the original.
- I have certified each copy by signing each of the documents with the statement 'This is a true copy of the original as supplied to me.'
- I have read the Privacy notice contained on page 3.

I understand that:

- giving false or misleading information is a serious offence.

Referee's signature

Date