1. Executive summary

The Healthcare Identifiers Service (the HI Service) is funded by the Commonwealth and state and territory governments and is the foundation for the broader digital health system. The HI Service is underpinned by the Healthcare Identifiers Act 2010, the Healthcare Identifiers Regulations 2010 and the service level agreement between the National E-Health Transition Authority (NEHTA) and the Australian Government Department of Human Services (the department).

The department has been operating the HI Service for six years under a service contract with NEHTA. From 1 July 2016, the department will enter into a new service contract with the recently established Australian Digital Health Agency to continue operating the HI Service.

During the 2015–16 financial year, the use of the HI Service continued to grow and has surpassed predicted usage. This growth is expected to continue and is a good indicator that the HI Service is a valuable foundation service for digital health in Australia.

The 2015–16 financial year has been another busy and successful year for the HI Service. This year, we made an enhancement to the HI Service system to allow greater flexibility in the way the system handles the information contained in an Individual Healthcare Identifier (IHI) search request. This enhancement has increased match rates for IHI searches while maintaining the safety and security of the system.

IHI numbers continue to be assigned to every person who has a new Medicare enrolment or a Department of Veterans’ Affairs registration. Healthcare identifiers for individual healthcare providers have been allocated through the Australian Health Practitioner Regulation Agency or by direct application to the department in its capacity as the HI Service Operator. Healthcare identifiers for healthcare provider organisations have also been allocated by direct application to the HI Service Operator.

I appreciate all of the hard work and support provided by our stakeholders, our colleagues at the Department of Health and our staff. With the closure of NEHTA, I acknowledge the start of the next stage of the digital health journey and look forward to working with the new Australian Digital Health Agency from 1 July 2016.

Caroline Edwards
Chief Executive Medicare
2. Introduction

The Department of Human Services (the department) is the Service Operator of the Healthcare Identifiers Service (the HI Service).

The financial year of 1 July 2015 to 30 June 2016 was the sixth year of operation for the HI Service. Healthcare identifiers were introduced on 1 July 2010 as the foundation for digital health in Australia and as a building block for the My Health Record system (previously known as the Personally Controlled Electronic Health Record system) and other government digital health initiatives.

2.1 What is the HI Service?

The HI Service is a national system for uniquely identifying individuals and healthcare providers. Healthcare identifiers help to ensure that individuals and providers can have confidence that the right information is associated with the right individual at the point of care.

A healthcare identifier is not a health record; it is a unique 16-digit number that identifies an individual or a healthcare provider. The information that the HI Service Operator holds is limited to demographic information—such as an individual’s name, date of birth and gender—that is needed to uniquely identify the individual and their healthcare providers. The Healthcare Identifiers Act 2010 (the HI Act) specifies that the identifiers are to be used for healthcare and related management purposes only. There are penalties in place for misuse of healthcare identifiers.

The inclusion of healthcare identifiers in a health record system or patient file does not change how and when healthcare providers share information about individuals. It does, however, provide a much more reliable way of referencing information, particularly in electronic communications and information management systems.

As part of the HI Service, every person with an active Medicare enrolment or Department of Veterans’ Affairs (DVA) registration is assigned an Individual Healthcare Identifier (IHI). Healthcare identifiers have been created for healthcare providers to use to improve the efficient management of an individual’s personal health information.

Medicare enrolments include Australian citizens, individuals visiting from other countries with Reciprocal Health Care Agreements with Australia, people who may have temporarily or permanently left Australia, and individuals who may be deceased. A person’s Medicare enrolment remains active until confirmation is received that the person has left the country or is deceased.

Patients do not need an IHI to receive healthcare or to claim healthcare benefits such as Medicare. If a healthcare provider is unable to obtain an individual’s healthcare identifier from the HI Service or the IHI is not available for any reason, treatment will not be refused.
Individuals who visit or reside in Australia and are not eligible to claim Medicare benefits or register with DVA may ask the HI Service Operator to assign them with a healthcare identifier.

Healthcare identifiers are also allocated to individual healthcare providers and healthcare provider organisations. Individual healthcare providers are allocated a healthcare identifier by the Australian Health Practitioner Regulation Agency (AHPRA) or by direct application to the HI Service Operator. Healthcare organisations apply directly to the HI Service Operator.

2.2 The department’s roles and responsibilities as HI Service Operator

As the HI Service Operator, the department’s responsibilities include:

- assigning healthcare identifiers to individuals, individual healthcare providers and healthcare provider organisations so that individuals can be more accurately identified in health records
- working with other bodies that can also assign healthcare identifiers under the HI Act to maintain a single complete record of all healthcare identifiers that have been assigned
- disclosing healthcare identifiers to individual healthcare providers and healthcare provider organisations so that healthcare identifiers can be used in the delivery of health services to the Australian community. We also disclose healthcare identifiers to businesses that healthcare provider organisations engage to help them manage health information. These businesses are typically information technology (IT) firms and are referred to in the HI Act as ‘contracted service providers’
- developing and administering robust processes for sharing healthcare identifiers with individual healthcare providers, healthcare provider organisations and contracted service providers
- keeping a record in an audit log each time a person’s healthcare identifier is accessed or retrieved from the HI Service
- maintaining the Healthcare Provider Directory. If a healthcare provider consents, we publish the professional and business details of a healthcare provider in the Healthcare Provider Directory. Other individual healthcare providers and healthcare provider organisations can then access these details
- disclosing healthcare identifiers of individual healthcare providers and healthcare provider organisations to enable the individual healthcare provider or healthcare provider organisation to be securely identified in electronic communications
- providing information about the HI Service to individuals and healthcare providers when the HI Service Operator receives requests for information and through material published on the HI Service website
- providing reports about the HI Service to the National E-Health Transition Authority (NEHTA), and in the future, to the Australian Digital Health Agency.
2.3 Operating framework for the HI Service

The HI Service is an initiative funded by the Commonwealth and state and territory governments. It is part of the broader digital health system that is designed to support other digital health initiatives around the country by allowing health information to be better linked to the right individuals and healthcare providers.

The HI Act and Healthcare Identifiers Regulations 2010 establish the framework and rules for HI Service operations. In December 2015, the HI Act and Regulations were amended to, among other reasons, support changes to the My Health Records Act 2012 that allow healthcare identifiers to be used for Aged Care purposes.

The service level agreement between the HI Service Operator and NEHTA outlines the technical and process requirements that have been implemented to support day-to-day running of the HI Service. NEHTA is a company that was established by all Australian governments to develop better ways to collect and securely exchange health information electronically.

In line with legislative changes and the establishment of the Australian Digital Health Agency in 2015–16, the department ceased providing services under agreement with NEHTA as at midnight on 30 June 2016.

2.4 Year in review—a summary

During 2015–16, in our role as the HI Service Operator we continued to allocate healthcare identifiers for individuals, individual healthcare providers and healthcare provider organisations. This included:

- assigning 591 597 healthcare identifiers to individuals
- collecting or assigning 35 806 healthcare identifiers to individual healthcare providers
- assigning 796 healthcare identifiers to healthcare provider organisations
- allocating 44 registration numbers to contracted service providers
- publishing 932 entries in the Healthcare Provider Directory for consenting healthcare providers and organisations.

In collaboration with other government departments, NEHTA and key stakeholders, we also implemented a major enhancement to the HI Service in 2015–16 to enable IHI searching parameters to be configurable through a rules engine. This enhancement allows greater flexibility in the way the HI Service system handles the information contained in an individual search request and will increase match rates while maintaining the safety and security of the system.

The HI Service Operator responds to queries from individuals and healthcare providers. Enquiries from the public in 2015–16, included requests for healthcare identifiers and questions about information contained in their IHI history. Enquiries from healthcare
providers were related to digital health and healthcare identifier applications. The HI Service Operator received 8789 telephone calls in 2015–16.

The HI Service Operator did not receive any formal complaints during 2015–16.

3. Operation of the HI Service

3.1 Assignment of healthcare identifiers

The HI Act defines three types of healthcare identifiers:

- Individual Healthcare Identifier (IHI) number—for individuals receiving healthcare services
- Healthcare Provider Identifier—Individual (HPI–I) number—for healthcare providers involved in providing patient care
- Healthcare Provider Identifier—Organisation (HPI–O) number—for organisations, such as hospitals or general practices, that deliver healthcare.

Individuals

During the 2015–16 financial year, the HI Service maintained the IHIs that have been allocated since 2010–11 and continued to assign IHIs to people who enrol in Medicare or register with DVA. People who visit or reside in Australia and who are not eligible to claim Medicare benefits or register with DVA have also been assigned IHIs at their request.

During 2015–16, the HI Service assigned 591 597 IHIs. This brings the total number of IHIs assigned to individuals between 1 July 2010 and 30 June 2016 to 27 072 313.

Individual healthcare providers

Under section 9 of the HI Act, the HI Service Operator and national registration authorities (which are prescribed in the Regulations) are authorised to assign healthcare identifiers to individual healthcare providers. During 2015–16, AHPRA was the only national registration authority that assigned HPI–Is.

In 2010, the HI Service Operator provided AHPRA with 5.1 million HPI–I numbers to assign to its registrants. The HI Service has quarantined these numbers for AHPRA’s use only.

Individual healthcare providers who are not eligible to be registered with AHPRA apply directly to the HI Service Operator by completing a registration form. The registration form is available on the HI Service Operator’s webpages at humanservices.gov.au
During 2015–16, 35 806 HPI–Is were either assigned by AHPRA or assigned to healthcare providers who applied directly to the HI Service Operator. This brings the total number of HPI–Is assigned to healthcare providers between 1 July 2010 and 30 June 2016 to 753 116.

**Healthcare provider organisations**

To obtain a HPI–O, healthcare provider organisations must apply directly to the HI Service Operator by completing a registration form. The registration form is available on the HI Service Operator’s webpages at [humanservices.gov.au](http://humanservices.gov.au).

When an organisation has been assigned a HPI–O (referred to as a ‘seed HPI–O’), nominated staff in the organisation can create a hierarchy of HPI–Os (referred to as ‘network HPI–Os’) to identify important business areas or functions in the organisation’s structure.

During 2015–16, the HI Service Operator assigned 796 HPI–Os. This brings the total number of HPI–Os assigned to healthcare provider organisations between 1 July 2010 and 30 June 2016 to 9897.

**3.2 Disclosure of healthcare identifiers for authorised purposes**

Under the HI Act, the HI Service Operator is authorised to disclose healthcare identifiers to:

- healthcare providers so they can communicate or manage a patient’s health information as part of their healthcare
- individuals who ask for their healthcare identifier
- registration authorities for the specific purpose of assigning healthcare identifiers to their registrants
- entities that issue security credentials for the specific purpose of authenticating a healthcare provider’s identity in electronic transmissions.

**Disclosure of healthcare identifiers for individuals**

The HI Service Operator gives IHIs to individuals and healthcare providers through a number of channels. Individuals can request their IHI by telephone and through the department’s service centres. Healthcare providers and organisations can search for healthcare identifiers using the web service channel.
When a healthcare provider searches for an IHI, they must include a family name, given name, date of birth and gender. In addition, they must also use a Medicare card number, DVA file number, IHI or address.

Each time the HI Service discloses an IHI it is classed as a disclosure under the HI Act. The number of disclosures does not therefore represent the number of individuals who have an IHI or the number of times a person has seen a healthcare provider. For example, a healthcare provider may search for an IHI each time an individual patient has an appointment, resulting in multiple disclosures over time for one person.

During 2015–16, the HI Service Operator disclosed 10 340 IHIs by telephone and through the department’s service centres.

The HI Service Operator also disclosed 116 184 186 IHIs through web services in 2015–16.

**Disclosure of healthcare identifiers for individual healthcare providers and healthcare provider organisations**

In 2015–16, the HI Service Operator disclosed 97 983 HPI–Is and HPI–Os, in line with legislative requirements, to entities that authenticate healthcare providers and organisations in digital health transmissions.

### 3.3 Healthcare Provider Directory

Under section 31 of the HI Act, the HI Service Operator maintains the Healthcare Provider Directory (the directory). Healthcare providers must give consent for their details to be published in the directory.

Healthcare providers can use the directory to quickly search and find other healthcare providers registered in the HI Service. The aim of the directory is to facilitate communication between healthcare providers by providing a reliable source of healthcare providers’ contact information.

The number of healthcare providers that consented to have their details published in the directory continued to increase in 2015–16. A total of 932 entries for healthcare providers were published in the directory in 2015–16, bringing the total number of entries published in the directory between 1 July 2010 and 30 June 2016 to 21 713.

### 3.4 Policies, processes and systems used to operate the HI Service

The HI Service operates under well-defined policies and uses rigorous procedures and systems.
Policies and processes

HI Service policies and procedures are available for staff who manage general public and healthcare provider enquiries that are received by phone, fax or email or through the department’s service centres.

The HI Service Operator has published information for the general public on the HI Service webpages on the department’s website. This information explains what healthcare identifiers are, what they can be used for and the role of the HI Service Operator (as supported in legislation).

Policies and procedures are reviewed every six months or when a change needs to be made, whichever occurs first. In 2015–16, policies were updated to cater for the amendments to the HI Act and Regulations, including changing references to the Personally Controlled Electronic Health Record system to the My Health Record system. HI Service materials were also updated for the My Health Record opt-out trial held in north Queensland and in the Nepean and Blue Mountains areas of New South Wales.

To support healthcare providers, an information guide is also published on the HI Service Operator’s webpages at humanservices.gov.au. The guide gives an overview of the HI Service, the registration processes for individual healthcare providers and healthcare provider organisations and information on the HI Service’s roles and responsibilities. The webpages also include forms to register and update details as well as links to other relevant information.

Maintenance of healthcare identifier information systems

The HI Service Operator maintains the following systems:

- those that contain IHI information (demographic details and addresses)
- those that contain HPI–I information (demographic details, addresses and specialty details)
- those that contain HPI–O information (organisation names, addresses, services provided and demographic details and addresses of the responsible officer and organisation maintenance officer where applicable).

There is no health information stored in the HI Service.

Updates to the healthcare identifier information systems

Regular system maintenance was undertaken during 2015–16, with software vendors and NEHTA informed about all scheduled maintenance in advance. In consultation with NEHTA, the HI Service Operator also enhanced the IHI search functionality within the HI Service system to allow greater flexibility in the way the system handles the information contained in an individual search request.
Management of business continuity plans

The HI Service Operator is also responsible for managing disaster recovery and business continuity of the HI Service. The HI Service is included in the department’s Business Continuity Plan as part of the annual business planning cycle. The plan is regularly reviewed and updated as required.

3.5 Collaboration to deliver digital health initiatives

During 2015–16, the HI Service Operator worked closely with the Department of Health (Health) and NEHTA to improve the HI Service and support the uptake of the My Health Record program. In particular, the department consulted extensively with Health and NEHTA to develop transitional arrangements for the governance of the Service to be transferred from NEHTA to the new Australian Digital Health Agency from 1 July 2016. In our role as HI Service Operator, the department also continued to work and exchange data with AHPRA.

3.6 Interactions with third party software vendors or contracted service providers

As a foundation element of digital health, the HI Service is intended to provide the basis for the efficient and secure management of patient health information for healthcare providers. This means that the organisations that develop software for the health sector and those that provide IT services to healthcare providers are key partners in the development of an effective HI Service.

The department also has representation on the digital health Compliance Conformance Governance Group (CCGG). The CCGG brings together leading government policy makers, organisations that develop industry standards and representatives from the medical software industry who share an interest in the quality, safety and interoperability of health information systems in Australia. The CCGG and its sub-groups regulate the two-part testing process that software vendor products must pass before interacting with the HI Service.

Third party software vendors

The department continues to provide ongoing support to third party software vendors to facilitate the development of their products and to work with medical software industry stakeholder groups to identify and resolve emerging issues. The HI Service Operator also published notice of all scheduled HI Service maintenance, updates to specifications and information about future releases on the HI Service Operator’s webpages at humanservices.gov.au
To connect with the HI Service, software vendors are required to accept the HI Service licence agreement for materials before they develop and test their software products. This involves:

- completing and passing all mandatory conformance requirements of the compliance, conformance and accreditation (CCA) process and signing a Declaration of Conformity. The CCA process is a set of mandatory, conditional and optional requirements on how software products store, use and share healthcare identifiers for clinical use.

- completing the HI Service Operator’s testing process and receiving their HI Service Notice of Connection. The HI Service Notice of Connection testing process validates the software’s ability to interact successfully with the HI Service without adversely affecting the department’s systems.

In 2015–16, there were 57 registrations of software vendors that were developing compatible software for the HI Service, bringing the total number of registrations between 1 July 2010 and 30 June 2016 to 266.

**Contracted service providers**

Contracted service providers are entities that provide ICT services relating to the communication of health information, or health information management services, under contract to healthcare provider organisations.

A contracted service provider must apply directly to the HI Service Operator to be allocated a unique HI Service registration number. Once the contracted service provider is registered, a healthcare provider organisation can link to them in the HI Service. When linked, the contracted service provider can access the HI Service on behalf of the healthcare provider organisation.

**4. Service levels**

During 2015–16, the department provided services, as the HI Service Operator, in line with the service level agreement in place with NEHTA.

We reported monthly to NEHTA against seven categories, under which there are 17 service levels, eight of which have a further total of 41 sub-requirements.

The seven main categories are:

1. HI application
2. data quality
3. customer management and support
4. processes, applications, data and infrastructure
5. identity management, authentication and support
6. security policies and procedures
7. the HI Service desk.

The HI Service Operator met the required service levels for categories 2 to 7. The system response service level managed under category 1, the HI application category, was not met.

**HI application category**

There are two sub-requirements that both require 100 per cent system response to meet this service level.

The first sub-requirement is calculated against all web service transactions, except IHI search, and measures the average number of 15-minute periods with an 8-second response time over the month. The agreed service level for system availability is that the system is available 99.5 per cent of the scheduled time, and the agreed service level for system response is that the system has an average response time of 8 seconds or less 100 per cent of the time of scheduled system availability. The first sub-requirement was not met on one occasion:

- On 22 June 2016, an unscheduled outage occurred for 6 hours and 58 minutes. The cause of the outage was identified and rectified. However, it resulted in the system response being 99 per cent available during June.

The second sub-requirement was introduced in 2014–15. It is calculated against IHI search web service transactions, and measures the average number of 15-minute periods with a 4-second response time over the month. This sub-requirement was not met on two occasions. Both of these occasions resulted during a period of scheduled maintenance. The department applies maintenance activities without an outage to the HI Service to minimise impact to users of the system. This may impact response times of the system during these periods:

- During July 2015, the HI Service experienced service degradations that resulted in the IHI search web service system response level not being met. The July 2015 system response service level was 99 per cent. In July, minor adjustments to the system required the HI Service to operate with some reduced capacity.
- During November 2015, the HI Service experienced intermittent service degradations that resulted in the IHI search web service system response level not being met. The November 2015 system response service level was 98 per cent.

**5. Communication activities to support the HI Service**

Information about healthcare identifiers, their use and the role of the HI Service Operator is published on the HI Service Operator’s webpages at humanservices.gov.au for the
public, healthcare providers and organisations. Content is updated with new information as needed. Forms and supporting information are also provided.

For software vendors, the HI Service Operator’s webpages include guides, contact details and HI Service licensed material.

The HI Service Operator continued to work closely with stakeholders, through both industry and government forums, to provide information about the HI Service and support its use by healthcare providers.

In addition to maintaining HI Service material, the HI Service Operator had input into digital health communication material provided by NEHTA and Health.

In 2015–16, references to the Personally Controlled Electronic Health Record system were replaced with the My Health Record system. Work was also undertaken to update communication materials to reflect the establishment of the Australian Digital Health Agency from 1 July 2016.

6. Financial statements

During 2015–16, the HI Service Operator was funded directly by NEHTA on a cost recovery basis (that is, only covered for the costs it incurred to operate the service).

The actual expenditure for 2015–16 was $10.47 million—an increase of $0.3 million on 2014–15 expenses of $10.17 million. This increase was the result of a growing demand on the HI Service and associated infrastructure costs.

The HI Service had additional expenses of $0.37 million for system enhancements and related services.
### Table 1: Healthcare Identifiers Service—Financial statement for the year ending 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
<th>2015–16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
</tr>
</tbody>
</table>

#### Income

- **Operational Revenue**
  - 2545
  - 2208
  - 2772
  - 2942
  - 10467

- **Additional Activities Revenue**
  - 0
  - 0
  - 47
  - 323
  - 370

**Total Income**

- 2545
- 2208
- 2819
- 3265
- 10837

#### Expenses

**HI Service Program**

- **Management**
  - **Staff Costs**
    - 674
    - 676
    - 656
    - 658
    - 2664
  - **Contractors**
    - 0
    - 0
    - 0
    - 0
    - 0
  - **Staff Related Costs**
    - 0
    - 0
    - 0
    - 2
    - 2
  - **Travel**
    - 1
    - 0
    - 1
    - 0
    - 2
  - **Other Operational Costs**
    - 0
    - 0
    - 0
    - 0
    - 0

**Total**

- 675
- 676
- 657
- 660
- 2668

**HI Service Help Desk**

- **Staff Costs**
  - 250
  - 242
  - 231
  - 233
  - 956

- **Contractors**
  - 0
  - 0
  - 0
  - 0
  - 0

- **Staff Related Costs**
  - 1
  - 0
  - 0
  - 0
  - 1
<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>2</th>
<th>2</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Operational Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>252</td>
<td>244</td>
<td>233</td>
<td>235</td>
<td>964</td>
</tr>
<tr>
<td>Privacy, Legal &amp; SLA Reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Costs</td>
<td>45</td>
<td>46</td>
<td>46</td>
<td>42</td>
<td>179</td>
</tr>
<tr>
<td>Contractors</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Travel</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>46</td>
<td>46</td>
<td>42</td>
<td>179</td>
</tr>
<tr>
<td>Information Technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Costs</td>
<td>591</td>
<td>450</td>
<td>757</td>
<td>764</td>
<td>2562</td>
</tr>
<tr>
<td>Contractors</td>
<td>540</td>
<td>350</td>
<td>638</td>
<td>800</td>
<td>2328</td>
</tr>
<tr>
<td>Staff Related Costs</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Travel</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Computer Hardware &amp; Software</td>
<td>442</td>
<td>442</td>
<td>441</td>
<td>441</td>
<td>1766</td>
</tr>
<tr>
<td></td>
<td>1573</td>
<td>1242</td>
<td>1836</td>
<td>2005</td>
<td>6656</td>
</tr>
<tr>
<td>Additional Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Costs</td>
<td>–</td>
<td>–</td>
<td>5</td>
<td>91</td>
<td>96</td>
</tr>
<tr>
<td>Contractors</td>
<td>–</td>
<td>–</td>
<td>42</td>
<td>232</td>
<td>274</td>
</tr>
<tr>
<td>Other Operational Costs</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>–</td>
<td>–</td>
<td>47</td>
<td>323</td>
<td>370</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>2545</td>
<td>2208</td>
<td>2819</td>
<td>3265</td>
<td>10837</td>
</tr>
</tbody>
</table>
The department’s priority is to protect the information that it holds about its customers. The department is bound by the Commonwealth Privacy Act 1988 (the Privacy Act) which regulates the way it handles and discloses personal information. In addition, the department must comply with a range of secrecy provisions contained in the legislation which governs the programs it delivers.

In order to meet its obligations, the department has strict controls and policies in place for accessing and disclosing personal information for all programs. Appropriate penalties, including dismissal of staff, are in place for unauthorised access.

The department’s privacy management procedures

We are committed to proactively protecting all personal information we hold. Our privacy management procedures include:

- operating by the department’s operational Privacy Policy, endorsed by the Secretary, Department of Human Services
- providing induction training for new staff and annual online refresher training
- making privacy impact assessments when personal information is being collected, used or disclosed for new department initiatives
- carrying out proactive audits of access to personal information to identify any unauthorised access by departmental staff
- giving high-quality, up-to-date privacy advice to business units to encourage staff to identify and resolve any privacy issues that arise
- investigating customer complaints and staff reports of possible privacy breaches to make sure that action is taken to address any ongoing risks
- using specific processes for releasing personal information to other agencies or individuals (personal information is only disclosed in line with legislative requirements)
- providing messages to all staff to confirm their obligations to uphold privacy standards.

All information that the HI Service Operator collects must be managed in accordance with the Privacy Act. The HI Act also imposes a duty of confidentiality on the HI Service Operator and others that restricts the use or disclosure of healthcare identifier information. It is a breach of the HI Act for the HI Service Operator to use or disclose certain information except as authorised by the HI Act or another law. A breach of the HI Act relating to an individual is also treated as a breach of the Privacy Act, which means that the Office of the Australian Information Commissioner may investigate the breach.
Dealing with breaches

Individuals who believe their identifier has been inappropriately accessed can contact the HI Service Operator for help. Alternatively, they can contact their healthcare provider. An individual can also ask the Office of the Australian Information Commissioner to undertake an investigation. The HI Service features a full audit log that tracks and identifies all interactions with the HI Service. This log will be used to identify potential inappropriate access during investigations.

There have been no privacy or confidentiality breaches by staff in relation to the HI Service since the department commenced as the HI Service Operator on 1 July 2010.

Online authentication

Security, privacy and confidentiality of information are protected by the use of Public Key Infrastructure (PKI) certificates for electronic transmissions between the HI Service, healthcare providers and the My Health Record system. The PKI certificate restricts a healthcare provider’s access to the HI Service to functions that relate to the healthcare provider’s role. PKI certificates are a set of procedures and technology that provides security and confidentiality for electronic business. They encrypt and secure information and authenticate both the sender and receiver.

Health professionals can also use the Health Professionals Online Service (HPOS) to undertake administration functions in the HI Service. Health professionals can access HPOS using PKI certificates or Provider Digital Access (PRODA). PRODA is an online authentication system and is designed to provide secure access to specific government services.

The HI Service Operator has security and risk management policies and procedures in place, and regularly conducts security and access audits on the HI Service system.

8. Audits

There were no audits of the HI Service Operator conducted during 2015–16.

Appendix A—Information available on this website

Information for individuals

- HI Service Operator’s webpages
  - Information about the HI Service

- HI Service forms—Individual Healthcare Identifier
  - Application to request a pseudonym IHI
  - Application to create or update an IHI
Information for healthcare providers and contracted service providers

- HI Service Operator’s webpages
  - Information about the HI Service
  - Contact information
- HI Service reference guides
  - HPI–O Organisation type classification
  - HPI–I Provider type classification
  - HI Service user guide
- HI Service forms—healthcare provider organisation
  - Application to register a Seed Organisation
  - Application to register a Network Organisation
  - Application to replace a Responsible Officer or add/remove an Organisation Maintenance Officer for an organisation
  - Application to amend an Organisation Officer’s personal details
  - Application to amend a Healthcare Organisation record
  - Application to deactivate, reactivate or retire a Healthcare Organisation record
  - Healthcare Identifiers Service—Authorised employee register form
- HI Service forms—healthcare provider individual
  - Application to register a Healthcare Provider
  - Application to amend a Healthcare Provider record
- HI Service forms—contracted service provider
  - Application to register a Contracted Service Provider
  - Application to add, replace or remove a Contracted Service Provider officer
  - Application to amend details of a Contracted Service Provider record
  - Application to amend a Contracted Service Provider Officer’s details
  - Application to deactivate or retire a Contracted Service Provider Organisation record
- HI Service forms—accessing the HI Service with PKI
  - Application to request or link a PKI certificate
- My Health Record system forms (HI Service forms have been updated to include My Health Record system sections to reduce duplication of information that healthcare providers and supporting organisations must provide in order to register)
  - Application to register a Seed Organisation
  - Application to register a Contracted Service Provider Organisation record

Information for software developers

- HI Service Operator’s webpages
  - Information about the HI Service
  - Contact information
  - Latest release information
  - Licence Agreement—use of the Healthcare Identifiers Licensed Material for Notice of Connection
- HI Service reference guides
  - HI Service—Release 3.2.0 B2B web services
  - HI Service—Web services with related system interface specifications
- HI licensed material
  - HI Service—Developers Guide
  - HI Service—Services Catalogue
  - HI Service—Change Guide
  - HI Service—IHI Searching Guide
  - HI Service WSDL Artefacts
  - HI Service System Interface Specifications (SIS)