

# Healthcare Identifiers Service Request an Individual Healthcare Identifier (MS003)

#### When to use this form

Use this form if you (or a dependent child(ren) under 14 years of age) 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).

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

## Important information

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

## **Healthcare Identifiers Service**

The HI Service is a system that 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 **www.legislation.gov.au** 

remember your IHI to receive healthcare.

## **Healthcare identifier**

A healthcare identifier is a unique 16 digit number that is assigned and used to identify everyone associated with healthcare in Australia. No clinical information is linked to the identifier. You do not need to

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

## 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 after you get your IHI.

For more information about My Health Record, go to **www.myhealthrecord.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. The names in these documents must be identical. Documents provided must be current at time of application.

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

#### **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 or birth extract

#### Secondary group

- Department of Foreign Affairs and Trade (DFAT) issued United Nations convention travel document
- foreign government issued documents (for example, driver licences)
- 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

### For more information

Go to servicesaustralia.gov.au/hi 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.

Filling in th	nis form	nei	quest an ini
You can comp  If you have a p  Use black	plete this form on your computer, print and sign it. printed form: k or blue pen.	ge	you would like a My Health Record, you can get one after you it your IHI.  r more information about My Health Record, go to  ww.myhealthrecord.gov.au
	bu see a box like this <b>Go to 1</b> skip to the question shown.	7	Do you want an IHI for yourself?
Applicant's	details	•	Yes 🖂
1 Dr M Family nan	Ir  Mrs  Miss  Ms  Other	8	Do you want an IHI for a dependent child(ren) under 14 years of age?  No Go to 10  Yes Go to next question
First given	name	Red	quest an IHI for a dependent child
Second giv	ven name	ag	you would like a My Health Record for a child under 14 years of e, you can get one for them after you get their IHI.  r more information about My Health Record, go to  ww.myhealthrecord.gov.au
Your date o	of birth /	9	Do you have parental responsibility for this child(ren)?  No As you do not have parental responsibility for the
Your gende Male Female	er 		child(ren), you cannot request an IHI for them.  Go to 10  Yes Give details
4 Your reside	ential address in Australia		Child 1 details
			Family name
	Postcode		First given name
Your postal	al address in Australia (if different to above)		
			Second given name
			Date of high
	Postcode		Date of birth
<b>5</b> Daytime pl	hone number		Gender Male Female
( )			
Mobile pho	one number		Child 2 details
			Family name
Fax number	er		First given name
( )			First given name
Email			Second given name
			Social growname
6 I would like	e to:		Date of birth
	get an IHI Go to 7		1 1
	get an IHI for a dependent child Go to 9		Gender Male Female
	under 14 years of age		If you would like to request an IHI for more than 2 dependent
			children, provide a separate sheet with details.

## **Privacy notice**

10 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/privacy** 

# **Applicant's declaration**

#### 11 I declare that:

- I have provided certified copies of identification document(s) to support this application.
- I have parental responsibility for the child(ren) under 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.

Applicar	ıt's s	signa	ture				
<b>L</b> D							
Date							
/		/					

## **Returning this form**

Return this form and any supporting document(s):

- 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
- by post to:

Services Australia eBusiness Service Centre PO Box 9822 BRISBANE QLD 4000