When to use this form

Use this form if you (or a dependent child(ren) under 14 years of age) are not eligible for Medicare or you are not eligible for a pension or benefit from the Department of Veterans' Affairs (DVA) and need to:

- get an Individual Healthcare Identifier (IHI), or
- notify the Healthcare Identifiers (HI) Service that a person is deceased.

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**

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 remember your IHI to receive healthcare.

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 guardian.

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 when you get your IHI.

For more information about My Health Record, go to **www.myhealthrecord.gov.au**

Evidence of identity

You must provide **1** document from the Primary group or **2** documents from the Secondary group for each person applying for an IHI. The names in these documents must be identical.

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

Primary group

- foreign passport
- Australian driver licence
- travel document with valid visa

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
- bank or credit 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 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.

Applicant's details

1 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

☐

First given name

☐

Second given name

☐

2 Your date of birth

☐ / /

3 Your gender

Male ☐

Female ☐

4 Your residential address in Australia

☐

Postcode

Your postal address in Australia (if different to above)

☐

Postcode

5 Daytime phone number

( )

Mobile phone number

☐

Fax number

( )

Email

☐

6 I would like to:

Get an IHI ☐ ▶ *Go to 7*

Get an IHI for a dependent child ☐ ▶ *Go to 9*
under 14 years of age

Notify of a deceased person ☐ ▶ *Go to 11*

Request an IHI

If you would like a My Health Record, you can get one after you get your IHI.

For more information about My Health Record, go to
www.myhealthrecord.gov.au

7 Do you want an IHI for yourself?

No ☐

Yes ☐

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

Request an IHI for a dependent child

If you would like a My Health Record for a child under 14 years of age, you can get one for them after you get their IHI.

For more information about My Health Record, go to
www.myhealthrecord.gov.au

9 Do you have parental responsibility for this child(ren)?

No ☐ ▶ As you do not have parental responsibility for the child(ren), you cannot request an IHI for them.
Go to 10

Yes ☐ ▶ Give details

Child 1 details

Family name

☐

First given name

☐

Second given name

☐

Date of birth

☐ / /

Gender Male ☐ Female ☐

Child 2 details

Family name

☐

First given name

☐

Second given name

☐

Date of birth

☐ / /

Gender Male ☐ Female ☐

If you would like to request an IHI for more than 2 dependent children, provide a separate sheet with details.

10 Are you notifying the HI Service that a person is deceased?

No ☐ ➤ *Go to 16*

Yes ☐ ➤ Go to next question

Deceased person's details

11 IHI (if known)

☐

12 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

☐

First given name

☐

Second given name

☐

13 Date of birth

☐ / /

14 Date of death

☐ / /

15 Your relationship to the deceased person

☐

Privacy notice

16 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 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

17 **I declare that**:

- I have provided certified copies of relevant documentation 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.

Applicant's signature

☐

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