

 Australian Government  
Department of Human Services

**PRODA**  
*Provider Digital Access*

## Login

If you have already created your PRODA account, login below.

Username

[Forgot your username?](#)

Password

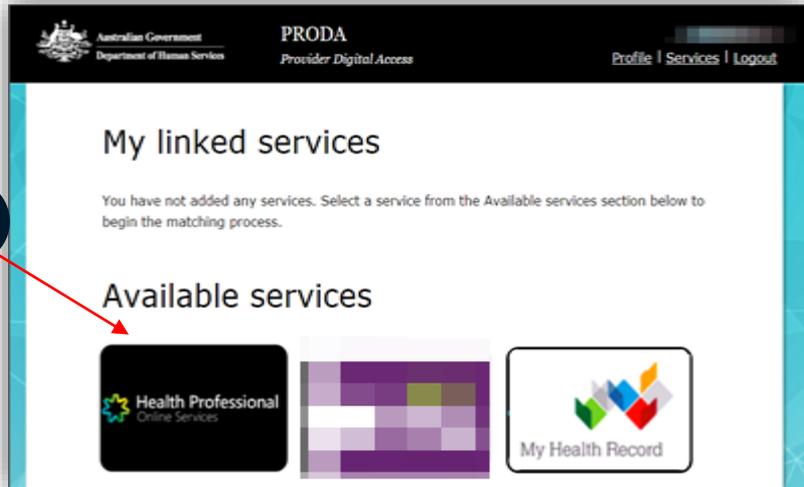
 [Show](#)

[Forgot your password?](#)

**Login**

Don't have a PRODA account? [Register now](#)

# PRODA - HPOS

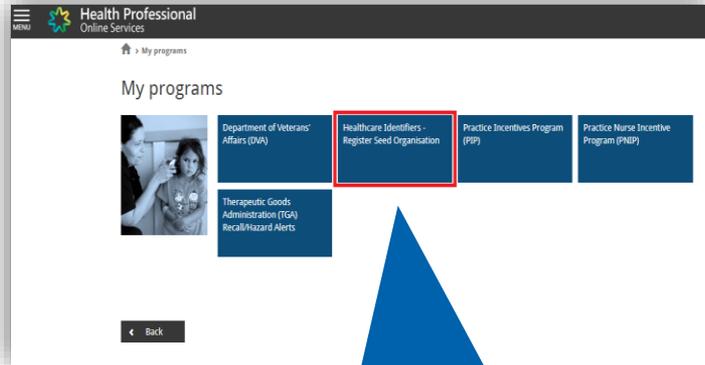


2b



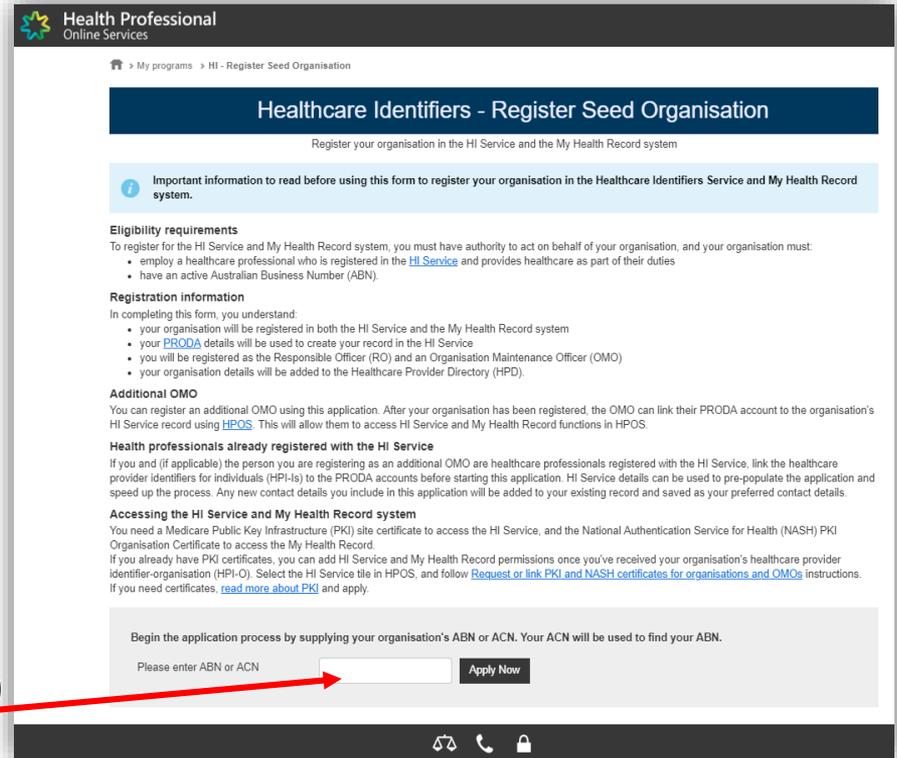
2c

# Register Seed Organisation



2d

‘Healthcare Identifiers – Register Seed Organisation’



2e



## Enter Organisation Details

A complete list of Organisation & Service Types is listed [here](#)

Click  
'Next'

My programs > RI - Register Seed Organisation

### Healthcare Identifiers - Seed Organisation Application

[Organisation Details](#) | [RO Details](#) | [Additional CMO Details](#) | [Documents](#)

**Organisation Details** \* Indicates required information

Enterprise Name YENTAL  
ABN 11959708703  
ACN 100411443  
Trading Name (if different)   
Organisation Type \*   
Organisation Service Type \*   
Organisation Service Unit

**Business Contact Details**

Daytime Phone \*   
Email \*   
Fax Number   
Preferred

**Business Address**

Address Search   
Address Lines \*   
Suburb/Town/Locality \*   
State \*   
Postcode \*

**Mailing/Postal Address**

Same as Business Address

Address Search   
Address Lines   
Suburb/Town/Locality   
State   
Postcode

**Next**

## Enter Responsible Officer (RO) Details

My programs > HI - Register Seed Organisation

### Healthcare Identifiers - Seed Organisation Application

Organisation Details | **RO Details** | Additional OMO Details | Documents

**RO Details** \* Indicates required information

Name: MRS person C C  
Date Of Birth: 01/01/1965  
Sex: Intersex or Indeterminate  
Other Name(s):

**Important information:** You will be registered as both the Responsible Officer and Organisation Maintenance Officer for this organisation.  
You need to upload evidence of your authority to act on behalf of the organisation in the Documents tab. The types of documents you can provide are listed on the tab.  
If you are already known to the HI Service please provide an identifier that will assist us in locating your existing record. This will also help us to process the application more quickly.

Please provide your HI Service number if you are already registered in the HI Service

Identifier Type:   
Identifier Number:

**Contact Details**

Daytime Phone:   
Email:

**Business Address**

Address Source:  Use Organisation's business address  Use different address

Address Search:

Address Lines:

Suburb/Town/Locality:

State:

Postcode:

As part of the registration process the applicant will be automatically assigned as the Responsible Officer (RO) and the Organisation Maintenance Officer (OMO).

Click  
'Next'



## Enter Additional OMO Details (optional)

**Healthcare Identifiers - Seed Organisation Application**

[Organisation Details](#) | [HIO Details](#) | [Additional OMO Details](#) | [Documents](#)

**Additional OMO Details** \* Indicates required information

If I would like to register an additional OMO with my organisation

Please provide the HI Service number if the other person is registered with the HI Service.  
Changes will be added to the existing HI Service record as preferred contact details.

Is additional OMO already registered in HI?

Identifier Type

Identifier Number

**Personal Details**

Title

Family Name

Given Name

Additional Given Name

Date of Birth  /  /

Sex

**Contact Details**

Daytime Phone

Email

**Business Address**

Address Source  Use Organisation's business address  Use different address

Address Search

Address Lines

Suburb/Town/Locality

State

Postcode

If the organisation requires multiple OMOs, this can be done as part of the registration process or at a later stage.

Is additional OMO already registered in HI?

Identifier Type

Identifier Number

AHPRA Medical Registration Number  
HPI-I Number  
HPI-O Number  
RO/OMO Number

Click  
'Next'

Home > My programs > HI - Register Seed Organisation

## Healthcare Identifiers - Seed Organisation Application

[Organisation Details](#) | [RO Details](#) | [Additional OMO Details](#) | **Documents**

### Documents

Evidence of your authority to act on behalf of the organisation can include:

- Certificate of registration of a company issued by the Australian Securities and Investments Commission and your name listed as the Public Officer
- the notice issued by the Registrar of the Australian Business Register (ABR) bearing the business entity's name, Australian Business Number and your name listed as the Public Officer
- the organisation's appointment as a trustee (if the legal structure is a trust) with you as a stakeholder
- contract for sale or purchase of business addressed to you
- statement of transaction issued by a financial institution in the name of the company, addressed to you and less than 1 year old
- lease agreement for the organisation's primary place of business addressed to you
- rates notice for the organisation's primary place of business addressed to you
- certificate of change of name for the organisation issued by the Australian Securities and Investments Commission and addressed to you
- a document issued by the Australian Taxation Office with the organisation's name and tax file number and addressed to you.

If you are not listed on these documents you will also need to establish that you are authorised to act on behalf of the organisation and to commit the business. In addition to the documents listed above you may provide one of the following:

- an affidavit or statutory declaration sworn by a member of the board or executive of the Organisation
- a deed of appointment
- any other documentation which displays that you hold a position of authority to commit the business.

Type:

File:  No file chosen

Please note: [file name, type and size restrictions apply.](#)

List of Documents  
There are no documents attached to this application.

The **Documents** tab will appear if you are required to provide evidence of your authority to act on behalf of the organisation.

1. Select Type
2. Choose file
3. Click 'Upload File'

Click 'Submit'

# Confirmation & declaration

My programs > HI - Register Seed Organisation

## Healthcare Identifiers - Seed Organisation Confirmation

Please review the information you have supplied before submitting this application. You can make corrections if required at this point by selecting the Back button.

**Organisation Details**

Enterprise Name:	YENTAL	ABN:	11959708703	ACN:	100411443
Trading Name:	Demonstration	Organisation Type:	Aged Care Residential Services	Organisation Service Type:	Charitable hostels for the aged
Organisation Service Unit:		Business Address:	134 Reed ST N, Greenway ACT 2900	Mailing/Postal Address:	134 Reed ST N, Greenway ACT 2900
Daytime Phone:	0212341234	Email:	test@gmail.com	Fax Number:	

**RO Details**

Name:	MRS person C C	Date Of Birth:	01/01/1965	Sex:	Intersex or Indeterminate
Other Name(s):		Identifier Type:		Identifier:	
Business Address:	134 Reed ST N, Greenway ACT 2900	Daytime Phone:	0212341234	Email:	test@gmail.com

**Additional OMO Details**

An additional OMO was not nominated with this application.

**Documents**

List of Documents	Name	Type	File Size	Uploaded On
	bvt docx.docx	Proof of Relationship	11.2	27/07/2018 10:10

My programs > HI - Register Seed Organisation

## Healthcare Identifiers - Seed Organisation Confirmation

Please review the information you have supplied before submitting this application. You can make corrections if required at this point by selecting the Back button.

**Organisation Details**

Enterprise Name:	YENTAL	ABN:	11959708703	ACN:	100411443
Trading Name:	Demonstration	Organisation Type:	Aged Care Residential Services	Organisation Service Type:	Charitable hostels for the aged
Organisation Service Unit:		Business Address:	134 Reed ST N, Greenway ACT 2900	Mailing/Postal Address:	134 Reed ST N, Greenway ACT 2900
Daytime Phone:	0212341234	Email:	test@gmail.com	Fax Number:	

**RO Details**

Name:	MRS person C C	Date Of Birth:	01/01/1965	Sex:	Intersex or Indeterminate
Other Name(s):		Identifier Type:		Identifier:	
Business Address:	134 Reed ST N, Greenway ACT 2900	Daytime Phone:	0212341234	Email:	test@gmail.com

**Additional OMO Details**

An additional OMO was not nominated with this application.

**Documents**

List of Documents	Name	Type	File Size	Uploaded On
	bvt docx.docx	Proof of Relationship	11.2	27/07/2018 10:10

**Privacy notice**

Your personal information is protected by law, including the Privacy Act 1988 and Healthcare Identifiers Act 2010. Your personal information is collected by the Australian Government Department of Human Services and the Service Operator of the Healthcare Identifiers Service, for the purposes of registering an organisation in the Healthcare Identifiers Service. 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 the department 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 the department will manage your personal information, including our privacy policy, at [http://www.his.gov.au/privacy](#). The My Health Record System Operator will collect personal information in the form from the department for the purposes of the My Health Record system and may also use and disclose this information as required or authorised by law, only within Australia, 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 [http://www.health.gov.au/privacy](#).

**Declaration**

I declare that:

- I am applying on behalf of the Seed Organisation for registration as a healthcare provider organisation under the My Health Records Act 2012
- the organisation I am registering is eligible for provision of a Healthcare Provider Identifier - Organisation number under the Healthcare Identifiers Act 2010
- I have full legal authority to create the application on behalf of the Seed Organisation and to provide the requested information.
- I will only access and use Healthcare Identifiers for the purposes defined in the Healthcare Identifiers Act 2010
- I understand the roles and responsibilities of the Responsible Officer and Organisation Maintenance Officer. If additional Organisation Maintenance Officers are registered at a later time, I will make sure they are aware of the requirements of the Organisation Maintenance Officer role
- the information I have provided on this form is complete and correct.

**I acknowledge and understand that:**

- permission for unauthorised access and misuse apply under the Healthcare Identifiers Act 2010
- in order to participate in the My Health Record, the Seed Organisation must comply with the obligations described in the My Health Records Act 2012 and the My Health Record Rules
- giving false or misleading information is a serious offence.

I Agree

2j

Click  
'Confirm'



# Application Submitted

Home > My programs > HI - Register Seed Organisation

## Healthcare Identifiers - Register Seed Organisation

 Success: Your application has been submitted. You will receive the outcome of your application in your HPOS Mail Centre.

Register your organisation in the HI Service and the My Health Record system

 Important information to read before using this form to register your organisation in the Healthcare Identifiers Service and My Health Record system.

### Eligibility requirements

To register for the HI Service and My Health Record system, you must have authority to act on behalf of your organisation, and your organisation must:

- employ a healthcare professional who is registered in the [HI Service](#) and provides healthcare as part of their duties
- have an active Australian Business Number (ABN).

### Registration information

In completing this form, you understand:

- your organisation will be registered in both the HI Service and the My Health Record system
- your [PRODA](#) details will be used to create your record in the HI Service
- you will be registered as the Responsible Officer (RO) and an Organisation Maintenance Officer (OMO)
- your organisation details will be added to the Healthcare Provider Directory (HPD).

### Additional OMO

You can register an additional OMO using this application. After your organisation has been registered, the OMO can link their PRODA account to the organisation's HI Service record using [HPOS](#). This will allow them to access HI Service and My Health Record functions in HPOS.

### Health professionals already registered with the HI Service

If you and (if applicable) the person you are registering as an additional OMO are healthcare professionals registered with the HI Service, link the healthcare provider identifiers for individuals (HPI-Is) to the PRODA accounts before starting this application. HI Service details can be used to pre-populate the application and speed up the process. Any new contact details you include in this application will be added to your existing record and saved as your preferred contact details.

### Accessing the HI Service and My Health Record system

You need a Medicare Public Key Infrastructure (PKI) site certificate to access the HI Service, and the National Authentication Service for Health (NASH) PKI Organisation Certificate to access the My Health Record.

If you already have PKI certificates, you can add HI Service and My Health Record permissions once you've received your organisation's healthcare provider identifier-organisation (HPI-O). Select the HI Service file in HPOS, and follow [Request or link PKI and NASH certificates for organisations and OMOs](#) instructions. If you need certificates, [read more about PKI](#) and apply.

Begin the application process by supplying your organisation's ABN or ACN. Your ACN will be used to find your ABN.

Please enter ABN or ACN

### Submitted Applications

Application ID	Submission Date	Applicant	Organisation	Organisation Address	Status
<a href="#">101035</a>	27/07/2018 10:36	MRS person C C	demonstration	134 Reed ST N, Greenway ACT 2900	Pending

When application goes to pending, check the HPOS centre as you may find you've already been approved. Any further verification requirements will be sent through to [HPOS Messages](#).

For assistance with a rejected application or to follow up, call the HI Service Enquiry Line on [1300 361 457](#).

Status revealed



# Check your HPOS Mailbox

Messages > Mail Centre - My mailbox

## Mail Centre - My mailbox

Compose new mail Form upload

My Mail Filed All Trash Settings

To update your Mail Centre email notifications select the Settings icon

Search by:

Program mailbox \* ALL

Range \*  All  Previous week  Previous month  Date range (below)

Search Reset

Display: All Move selected to: Move

	Program mailbox	Subject	Update Date/Time	Ref No
	<a href="#">Healthcare Identifiers</a>	Your application has been approved	27/07/2018 10:45 AM	2480619-01

Static content was last modified on 6 December 2014