Australian Government
Australian Digital Health Agency

Health Connect Australia Provider Directory

Healthcare Providers Non-Disclosure Request or Withdrawal

PURPOSE OF THIS FORM

Use this form if you are an identified healthcare provider such as an individual healthcare provider, a healthcare provider organisation, or a healthcare support service provider and:

- You want to make a non-disclosure request to the Healthcare Provider Directory Operator (Health Connect Australia Provider Directory) to not disclose your personal information[ii] and healthcare identifier on the Provider Directory; or
- You want to request the withdrawal of current non-disclosure request, so that your personal information and healthcare identifier will be displayed on the Provider Directory; or
- if you are unable, or choose not, to manage non-disclosure of your personal information through Provider Connect Australia (PCA)[iii] .

TO APPLY

Complete the part of the form that applies to you:

- **Part A** – an Identified Individual Healthcare Provider
- **Part B** – Responsible Officer (RO) or Organisation Maintenance Officer (OMO), on behalf of an Identified Healthcare Provider Organisation or an Identified Healthcare Support Service Provider.

ⓘ *Note: You may complete both Part A and Part B if you are requesting non-disclosure for yourself and an organisation.*

You can complete this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen
- Print in BLOCK LETTERS

PRIVACY AND CONFIDENTIALITY

The collection, use and disclosure of personal information in this form is authorised by the *Healthcare Identifiers Act 2010* and the *Privacy Act*)1988.

Personal information collected by the Agency is held on our cloud storage, on servers located in Australia. We retain effective control over any personal information held on our cloud, and the information is handled in accordance with the Australian Privacy Principles and the Agency's privacy policy.

WHY WE COLLECT INFORMATION

We collect and use information through this form to:

- Verify your identity in support of processing your request.
- Where applicable, verify your authority as a Responsible Officer (RO) or Organisation Maintenance Officer (OMO), to act on behalf of the relevant Healthcare Provider Organisation or Healthcare Support Service Provider.
- Process your request for non-disclosure of personal information on the Provider Directory, or the withdrawal of current non-disclosure request.

If the information provided to us is incomplete, inaccurate, or unclear, we will not be able to process your request. Where necessary, we will use the contact details you provide to seek clarification or verify your identity to process the request. If we are unable to verify your identity or obtain the information required, your request cannot be processed.

NEXT

HEALTH CONNECT AUSTRALIA

Health Connect Australia is a national health information exchange program designed to enable the sharing of health information between healthcare providers quickly and securely.

The program will deliver foundational capabilities that support connected healthcare across Australia, helping healthcare providers securely exchange information and improving access to health services. The Provider Directory is one of these foundational capabilities. For more information, visit: www.digitalhealth.gov.au/health-connect-australia

HEALTH CONNECT AUSTRALIA PROVIDER DIRECTORY

The Health Connect Australia Provider Directory (the Provider Directory) is a national digital service enabling the discovery of trusted information about healthcare provider individuals, healthcare provider organisations, healthcare support service providers, healthcare services, professional roles and occupations, service locations, communication endpoints and provider relationships.

By bringing together this information into a single authoritative source, the provider directory enhances provider discoverability, facilitates connectivity across the healthcare ecosystem, and supports the secure exchange of information between healthcare providers throughout Australia.

As a secure national directory, it enables authorised healthcare entities to locate, identify, and connect with healthcare practitioners, organisations, services, and support service providers across Australia.

The Provider Directory also fulfils the role of the Healthcare Provider Directory (HPD) established under the *Healthcare Identifiers Act 2010*.

INFORMATION DISCLOSED ON THE PROVIDER DIRECTORY

The following information is disclosed through the Provider Directory and connected systems[iv] that use Provider Directory data. A healthcare provider may request the non-disclosure of personal information only by completing this form.

Individual healthcare provider information

- Healthcare Identifier *(HPI-I)* and its status
- Name (*Registered or Legal name)*
- Professional registration details *(with registration authority or professional body)*, including registration authority's identifier for the healthcare provider and status of registration
- Recorded sex or gender[v]

Note: Additional information relating to you that is published in Provider Connect Australia (PCA) by a Healthcare Provider Organisation or Healthcare Support Service Provider will also be disclosed through the Provider Directory including:

- Workplace associations.
- Your role within each Healthcare Provider Organisation or a Healthcare Support Service Provider.
- Healthcare service(s) you provide,
- Medicare Provider Number (if applicable),
- An alternative name used when providing healthcare services,
- Additional languages used to communicate with patients.

Healthcare provider organisation information

- Healthcare Identifier (HPI-O) and its status
- Type (i.e. if Seed or Network type)
- ABN and ACN, as applicable
- Organisation business name
- Organisation business address
- Electronic communication details (Business, phone, e-mail, fax, website)
- Linked Seed or Network organisations (if applicable)

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Note: Additional information published by your healthcare provider organisation or healthcare support service provider in Provider Connect Australia (PCA) will also be disclosed through the Provider Directory, including:

- Linked location(s), where healthcare services are provided.
- Linked healthcare service(s), provided at each location.
- Linked Practitioner Role(s) and Practitioner(s) (individual healthcare provider).
- Linked Endpoint EDIs for electronic comm and information exchange.

If you request non-disclosure:

- Personal information that is the subject of your non-disclosure request will not be disclosed through the Provider Directory or connected systems.
- Other healthcare providers and organisations will not be able to search for personal information that is subject to a non-disclosure request.
- Referrals, communication, care coordination and clinical information sharing may be affected where it relies on personal information disclosed on the Provider Directory.
- Connected systems will be notified of the non-disclosure request, however, personal information already shared will remain visible until those connected systems update their records.
- You may update your disclosure request at any time through Provider Connect Australia (PCA) or by submitting the relevant part of this form.
- The personal information provided in this form will be collected and retained to verify your identity, assess your request, and process the non-disclosure request.
- Information subject to a non-disclosure request will continue to be retained to support your authorised access to digital health services, and for reporting and analytical purposes[vi]
- Where a seed organisation is subject to non-disclosure, all linked network organisations will also be subject to non-disclosure.
- Where a network organisation is subject to non-disclosure, all lower-level network organisations linked to that network organisation will also be subject to non-disclosure. The associated seed organisation and other linked network organisations will remain disclosed unless separate non-disclosure requests are made.

If you withdraw a current non-disclosure request:

- Personal information will be disclosed through the Provider Directory and connected systems.
- Authorised healthcare providers, including healthcare practitioners, healthcare organisations, healthcare administrative entities, and contracted service providers acting on behalf of healthcare providers will be able to access or search for that information.
- Referrals, communication, care coordination and clinical information sharing will be supported through increased visibility of that personal information.
- Connected systems will be notified of the withdrawal of the non-disclosure request; however, personal information already shared will remain visible until those connected systems update their records.
- You may update your disclosure request at any time through Provider Connect Australia (PCA) or by submitting the relevant part of this form.
- The personal information provided in this form will be collected and retained to verify your identity, assess your request, and process the withdrawal of the non-disclosure request.
- Where a non-disclosure request is withdrawn for a seed organisation, information relating to the seed organisation and all linked network organisations will become visible through the Provider Directory, subject to any separate non-disclosure requests.

DOCUMENTS TO PROVIDE WITH THIS FORM

You must provide identity documents with your application. These documents must be in English and be **certified copies** of the original document.

WHAT IS A 'CERTIFIED COPY'?

A 'certified copy' is a photocopy of an original document that has been endorsed by an appropriate person (see page 6-7) as being a true copy of the original.

The certification must state that the certifier has sighted the original document and believes the copy to be a true copy of the original document. The certifier must sign the copy by hand and include the date, their full name, address or contact phone number, and occupation as listed on pages 6-7.

More than one document can be photocopied onto the same page, but each document on a page must be certified separately. Provide the front and back of the document if stated in the Identity documents table below.

Documents not in English must be translated into English. Provide certified copies of the original, non-English document and the English translation.

Provide the certified copy with the hand-written signature - do not send a photocopy of the certification.

Documents can be certified at any time before we receive them. However, the original document must still be valid at the time we receive the certified copy except for expired passports as listed in the Primary Documents table below.

EVIDENCE OF IDENTITY

You must provide certified copies of documents that prove your identity.

You can provide either:

• one primary and one secondary document from the list below,

or

• a combination of secondary documents from the list below.

The documents must add up to at least 100 points.

The following table lists the documents you can provide and how many points each document is worth.

PRIMARY DOCUMENTS – YOU CAN PROVIDE ONE PRIMARY DOCUMENT ONLY	**POINTS**
☐ Australian birth certificate issued by Births, Deaths and Marriages ☐ Australian citizenship certificate ☐ Current Australian passport ☐ Current foreign passport with a valid Australian visa ☐ Expired Australian passport which has not been cancelled and was current within the last three years ☐ Australian ImmiCard ☐ Certificate of identity or document of identity issued by the Department of Foreign Affairs and Trade ☐ Australian armed service papers ☐ Other document of identity equivalent to a passport, e.g. diplomatic documents	70

SECONDARY DOCUMENTS – YOU CAN PROVIDE MORE THAN ONE SECONDARY DOCUMENT. YOU CAN PROVIDE TWO DOCUMENTS FROM THE FIRST SECTION BELOW BUT ONLY ONE DOCUMENT FROM OTHER SECTIONS	**POINTS**
The following must show your name and photo:	
☐ Driver licence issued by an Australian state or territory ☐ Licence or permit issued under an Australian, or an Australian state or territory, government law, e.g. a boat licence or firearm licence ☐ Identification card issued to an Australian state, territory or Commonwealth government employee ☐ Identification card issued by an Australian state, territory or Commonwealth government, e.g. proof of age card	70
The following must show your name and address:	
☐ Mortgage or other instrument of security held by a financial body ☐ Local government (council) land tax or rates notice (must be less than 12 months old) ☐ Land Titles Office record	40
The following must show your name:	
☐ Medicare card ☐ DVA card ☐ A card issued by an Australian state, territory or Commonwealth government as evidence of the person's entitlement to a financial benefit e.g. Seniors Card, Pensioner Concession Card, Health Care Card ☐ Australian student Identification card from a secondary school, TAFE, university or Registered Training Organisation (must have a photo or signature) ☐ Marriage certificate (as evidence of maiden name only)	35
The following must show your name and signature (provide front and back of document to show signature if necessary):	
☐ Credit, debit or EFTPOS card issued by an Australian bank or financial institution ☐ Documents issued by foreign governments e.g. foreign driver licence ☐ Membership to a registered club ☐ Membership to a recognised motoring association, e.g. NRMA, RACQ, RACV	35
The following must show your name and address:	
☐ Records of public utility – phone, water, gas or electricity (must be less than 12 months old) ☐ Records of financial institution issued by an Australian bank, credit union or building society ☐ Lease/rental agreement	35
The following must show your name:	
☐ Australian Educational Certificate from a school, TAFE, university or Registered Training Organisation ☐ Record of membership of an Australian professional or trade association	25
Total points	0

◀ PREVIOUS NEXT ▶

THESE PEOPLE CAN CERTIFY YOUR DOCUMENTS

1. A person who is currently licensed or registered under a law to practice in one of the following occupations:

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon

2. A person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described)

3. A person who is in the following list:

- Agent of the Australian Postal Corporation who oversees an office supplying postal services to the public
- Australian consular officer or Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*)
- Bailiff
- Bank officer with five or more continuous years of service
- Building society officer with five or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for affidavits
- Commissioner for declarations
- Credit union officer with five or more years of continuous service
- Employee of the Australian Trade Commission who is:
  - in a country or place outside Australia and
  - authorised under paragraph 3(d) of the Consular Fees Act 1955 and
  - exercising his or her function in that place
- Employee of the Commonwealth who is:
  - in a country or place outside Australia and
  - authorised under paragraph 3(c) of the Consular Fees Act 1955 and
  - exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with five or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student

- Member of the Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force who is:
  - an officer or
  - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with five or more years of continuous service or
  - a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
  - the Parliament of the Commonwealth or
  - the parliament of a state or
  - a territory legislature or
  - a local government authority of a state or territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- Notary public
- Permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
  - the Commonwealth or a Commonwealth authority or
  - a state or territory or a state or territory authority or
  - a local government authority

  with five or more years of continuous service who is not specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or deputy registrar, of a court
- Senior Executive Service employee of:
  - the Commonwealth or a Commonwealth authority or
  - a state or territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution

PART A: INDIVIDUAL HEALTHCARE PROVIDER – REQUEST FOR NON-DISCLOSURE OR REQUEST TO WITHDRAW NON-DISCLOSURE

1. Identity Details

Title	
Surname	
First given name	
Date of birth (dd/mm/yyyy)	

2. Contact Details

Your best contact number including your area code

Your email address (optional)

ⓘ *Note: We will use this number (or email address if provided) only if there is an issue processing this form.*

3. Request Type, please select one:

☐ **I request non-disclosure of my personal information** through the Health Connect Australia Provider Directory.

OR

☐ **I request withdrawal of a current non-disclosure request** and consent to the disclosure of my personal information through the Health Connect Australia Provider Directory in accordance with applicable disclosure settings.

4. Healthcare Provider Details

☐ **Your Healthcare Provider Identifier – Individual (HPI-I) (16-digit)**

OR if you do not know your HPI-I, provide one of the following

☐ **Ahpra registration number**

OR

☐ **Professional body registration details**	Professional body name:	
	Professional body registration:	

DECLARATION

*I declare that the following are true and correct:

- ☐ I have read and understood the effect of my selected request on my personal information.
- ☐ I have provided all information and supporting documentation required for identity verification.
- ☐ I understand that providing false or misleading information is a serious offence.

YOUR SIGNATURE

_____ **Date:** _____

Applicant's signature

- END OF PART A –

PART B – HEALTHCARE PROVIDER ORGANISATION OR HEALTHCARE SUPPORT SERVICE PROVIDER – REQUEST FOR NON-DISCLOSURE, OR REQUEST TO WITHDRAW NON-DISCLOSURE

5. Identity Details

Title	
Surname	
First given name	
Date of birth (dd/mm/yyyy)	

6. Contact Details

Your best contact number including your area code	
Your email address (optional)	

ⓘ *Note: We will use this number (or email address if provided) only if there is an issue processing this form.*

7. Request Type, please select one:

☐ **I request non-disclosure of personal information** associated with the organisation(s) identified in this form.

OR

☐ **I request withdrawal of a current non-disclosure request** for the organisation(s) identified in this form.

8. Authority to Act:

☐ Responsible Officer (RO)[vii]

☐ Organisation Maintenance Officer (OMO)[viii]

☐ Both

Identifier:_____

9. PRODA RA[ix] number (if available):

_____

10. Organisation Type

☐ Healthcare Provider Organisation, **complete Question 10A**

☐ Healthcare Support Service Provider, **complete Question 10B**

10A: Healthcare Provider Organisation Details

Please indicate the organisation(s) to which this request applies.

☐ **Seed Organisation details** (includes all linked Network Organisations)

Organisation name:	
Healthcare Provider Identifier-Organisation (HPI-O) (16 digits):	
ABN:	
Organisation Director name (as recorded against the ABN):	

☐ **One or more Network Organisations**, complete below

Network organisation 1	Organisation name:	
	Network HPI-O (16 digits):	
	Seed HPI-O (16-digits):	
	Seed Organisation ABN:	
Network organisation 2	Organisation name:	
	Network HPI-O (16 digits):	
	Seed HPI-O (16-digits):	
	Seed Organisation ABN:	
Network organisation 3	Organisation name:	
	Network HPI-O (16 digits):	
	Seed HPI-O (16-digits):	
	Seed Organisation ABN:	

ⓘ *If insufficient space, give details at Question 12*

◀ PREVIOUS NEXT ▶

10B: Healthcare Support Service Provider

Organisation name:

Healthcare Support Provider - Organisation identifier (HSP-O) (16 digits):

ABN:

Organisation Director name (as recorded against the ABN):

ⓘ *If insufficient space, give details at Question 12*

11. Reason for Non-Disclosure: (Complete only when requesting non-disclosure)

Please indicate how disclosure of the organisation's information through the Provider Directory would reveal personal information relating to an identifiable individual.

- ☐ The organisation's name contains the personal name of an identifiable individual.
- ☐ The organisation's contact details contain the personal details of an identifiable individual.
- ☐ The organisation's address contains the personal address of an identifiable individual.
- ☐ Disclosure of the organisation's information through the Provider Directory would otherwise reveal personal information relating to an identifiable individual.

Optional explanation:

ⓘ *If insufficient space, give details at Question 12*

12. Additional Details, if needed

Use this section to provide additional information for any question in this form where more space is required. Please include the relevant question number

Question number	Additional information
10A: Healthcare Provider Organisation Details	
10B: Healthcare Support Service Provider	
11. Reason for Non-Disclosure:	

◀ PREVIOUS NEXT ▶

DECLARATION

*I declare that the following are true and correct:

- ☐ I am authorised to make this request on behalf of the organisation identified in this form as a Responsible Officer (RO) or Organisation Maintenance Officer (OMO).
- ☐ I have read and understood the effect of my selected request on the organisation's information.
- ☐ I have provided all information and supporting documentation required for identity verification.
- ☐ The information and supporting documentation I have provided is true, complete and correct.
- ☐ I understand that providing false or misleading information is a serious offence.

YOUR SIGNATURE

_____ **Date:**_____

Applicant's signature

- END OF PART B –

WHERE TO SEND THIS FORM

Email completed and signed form to: help@digitalhealth.gov.au. Note: There may be risks with sending personal information through unsecured networks or email channels

Or alternatively,

Post to:

ATTENTION Health Connect Australia Provider Directory

GPO Box 9942

Canberra ACT 2601

- END OF FORM –

Save the filled form.

SAVE

Print the form.

PRINT

FOOTNOTES

I identified healthcare provider means:

(a) an identified healthcare provider organisation (means a healthcare provider that has been assigned a healthcare identifier under the *Healthcare Identifiers Act 2010*); or

(b) an identified healthcare support service provider (means a healthcare provider that has been assigned a healthcare identifier under the *Healthcare Identifiers Act 2010*); or

(c) an identified individual healthcare provider (means a healthcare provider that has been assigned a healthcare identifier under the *Healthcare Identifiers Act 2010*).

II ss. 31(5) limits a non-disclosure request to personal information of the healthcare provider only. It does not extend to non-personal information. This applies to all identified healthcare providers, not just healthcare provider organisations.

III Provider Connect Australia (PCA) A single place to update your business information

Provider Connect Australia (also known as PCA) is an initiative of the Australian Digital Health Agency to help healthcare provider organisations update their business information in a single source. This improves the accuracy of healthcare service and practitioner information, while reducing duplication and streamlining notifications.

IV connected system refers to digital applications, platforms, and repositories that access, consume, store, or utilise healthcare provider information sourced from the Health Connect Australia Provider Directory.

These systems use provider information sourced from the provider directory to support healthcare operations, service delivery, care coordination, provider discovery, management, administration and exchange of healthcare provider information across the healthcare sector. These systems are used by healthcare providers to deliver healthcare.

Examples of connected systems include:

- Clinical Information Systems (CIS)
- Practice Management Software (PMS)
- Electronic Medical Record (EMR) systems
- Patient Administration Systems (PAS)
- Hospital Administration Systems
- Registered Repository Systems
- Provider search and directory services
- Health Service Directories
- Referral and care coordination platforms

V Recorded Sex or Gender refers to gender or sex values associated with an individual registration with their respective registration authority or professional body or Healthcare Identifier Service, which may not necessarily be reliable as their gender identity or a sex category for clinical care.

VI Personal identifiable information is not used for reporting or analytics; only aggregated data is used to generate statistical and analytical insights.

VII Responsible officer (RO) is usually the chief executive officer. They're responsible for a seed organisation's interaction with the HI Service and ensuring its network organisations, authorised employees and contracted service providers comply with legislation.

VIII Organisation maintenance officer (OMO) is usually the practice manager. They're responsible for keeping information about the organisation in the HI Service system up to date and making sure information about authorised employees is maintained.

IX A PRODA RA Number (Registration Authority number) is a unique 10-digit identifier for your Provider Digital Access account. You receive it when you create your individual PRODA account, or when you register your organisation in PRODA (which creates an Organisation RA number). Go to https://www.servicesaustralia.gov.au/provider-digital-access-proda

PREVIOUS