



Approval to request an interim NASH SHA-1 PKI Certificate

Background

The Australian Digital Health Agency (the Agency) has been working closely with Services Australia and the medical software industry to upgrade the National Authentication Service for Health (NASH). To enhance security when accessing digital health services, all organisations should have plans in place to update their software to a version that can support NASH SHA-2 certificates. Use this form if your organisation's Clinical Information System (CIS) requires a NASH SHA-1 certificate because it is not yet compatible with a NASH SHA-2 certificate.

Once you update your software, you will be able to replace your interim NASH SHA-1 certificate with a NASH SHA-2 certificate. This replacement process will be available from June 2022. For more information, please go to www.digitalhealth.gov.au/nash.

When to use this form

This form is to be completed by healthcare organisations after registering for a Healthcare Provider Identifier for Organisations (HPI-O) and prior to requesting an interim NASH SHA-1 certificate for that HPI-O through Services Australia. Use this form if your organisation's Clinical Information System (CIS) requires a NASH SHA-1 certificate because it is not compatible with a NASH SHA-2 certificate. You must provide details about your organisation's current software and plans to upgrade to a NASH SHA-2-ready software product by 31 December 2022 to receive approval from the Agency.

This form is a request for approval from the Agency which is required as part of Services Australia's process to issue a NASH SHA-1 certificate, not the application for a NASH certificate. Please email this completed request for approval to help@digitalhealth.gov.au. The Agency will grant approval if your organisation has plans to upgrade to NASH SHA-2 ready software.

[The Australian Digital Health Agency will notify you by email once your application is approved.](#)

Once approval is received, you must submit the approval to Services Australia along with the NASH request (HW021) form for the interim NASH SHA-1 certificate to be issued.



Organisation details

Legal name of the Organisation

ABN

Healthcare Identifier for Organisations (HPI-O)

Organisation contacts

Applicant Details (*this should be completed by a person with knowledge of the software products.)

Family name:

First given name:

Position:

Business phone number:

Business email:

Business address:

Suburb:

State:

Software product/s that require NASH SHA-1

Please provide details of the product/s that require an interim NASH SHA-1 certificate

| Software developer name | Software product name and version |
|-------------------------|-----------------------------------|
| | |
| | |
| | |



Planned software details

*This section captures the details of the SHA-2 ready software product/s your organisation is planning to upgrade to.

1. Software product name and version

Software release date (*select one)

My intended software product is available now

My intended software products expected release date is:

My intended software product release date is unknown

Planned install date

You must upgrade to a NASH SHA-2 ready product by 31 December 2022

2. Software product name and version

Software release date (*select one)

My intended software product is available now

My intended software products expected release date is:

My intended software product release date is unknown

Planned install date

You must upgrade to a NASH SHA-2 ready product by 31 December 2022

3. Software product name and version

Software release date (*select one)

My intended software product is available now

My intended software products expected release date is:

My intended software product release date is unknown

Planned install date

You must upgrade to a NASH SHA-2 ready product by 31 December 2022



Privacy and collection notice

Personal information collected by the Agency as a result of submission of this form is protected by law, including the *Privacy Act 1988*.

The Agency collects your personal information, included in this application, for the purpose of assessing this application, contacting the organisation to clarify the content of this application and the status of the organisation’s progress to transition to a NASH SHA-2 certificate, and as necessary for purposes relating to the issue of a NASH PKI certificate and authentication of the identity of the organisation in electronic transmissions.

We will handle your personal information in accordance with our privacy policy, at www.digitalhealth.gov.au/about-us/policies-privacy-and-reporting/privacy-policy.

Declaration

By signing and submitting this form, the organisation is disclosing the healthcare identifier of the organisation to the Agency for the purpose of a NASH PKI certificate, the organisation’s transition to a NASH SHA-2 certificate, and authentication of the identity of the HPI-O in electronic transmissions, and declares that the information provided is complete and correct.

By signing and submitting this form, the organisation’s legal entity acknowledges and agrees:

- The Agency is collecting, using and disclosing the organisation’s healthcare identifier and identifying information in accordance with the *Healthcare Identifiers Act 2010* for the purposes outlined.
- The organisation’s legal entity confirms that the individuals named in this form have consented to the Agency collecting, using and disclosing their personal information to the entities named and for the purposes specified above.

By signing below, I confirm I am authorised to provide the information contained in this form on behalf of the organisation’s legal entity, and declare the information provided in this form is complete and correct.

Signature

Date

Authorised officer’s name (please PRINT)

Authorised officer’s position in organisation

Returning this form

Return this form by email to: help@digitalhealth.gov.au



Office use only

The Australian Digital Health Agency approves the issue of an interim NASH SHA-1 certificate in this instance for _____

Signature

Date

Name (please PRINT)
