My Health Record

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Healthcare provider documents

- Shared health summaries
- Discharge summaries
- Event summaries
- Pathology results
- Diagnostic Imaging reports
- Pharmacist Shared Medicines List (PSML)
- Prescription and dispense records
- Specialist letters
- Residential care transfer information
- Advanced care directives
- Goals of Care
- eReferrals

Medicare information

- Prescription information-PBS and RPBS
- Australian Immunisation Register - AIR
- Australian Organ Donor Register - AODR
- Medicare Services-MBS and DVA items
- MyMedicare information

Consumer entered information

- Personal health summary including allergies
- Advance Care Planning documents
- Emergency contacts
- Childhood development

What is My Health Record?

My Health Record is a summary of an individual's key health information. It is personnally controlled, which is a key element of the system. What this means is that an individual has a say as to what gets uploaded, what stays in their record, and who can see their record.

Importantly, My Health Record is part of a national system which means that the individual's My Health Record travels with them, wherever they are and no matter which registered healthcare provider they are seeing.

An individual's My Health Record is accessible at all times, including at the point of care, by them, if applicable their representative(s) and healthcare providers who are involved in their care. The individual's record can be viewed and added to using conformant clinical information software (view only using the National Provider Portal) however, this is subject to access controls set by the individual.

My Health Record is private and is protected via legislation, the My Health Records Act, 2012. My Health Record is secure, through multiple layers of international best practice in information technology security. A cyber security team monitors, maintains and improves the system 24/7.

Pledge to Participate - worthwhile to ensure continuity of care, reduced duplication and wasted resource, improving decision making and save time in emergency situations

5% 5% (represents approx. 25 million) of pathology tests are ordered due to lack of access to a patient's history[9]

More than 24 million My Health Records (99%) have data in them[10]

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9. Health Legislation Amendment (Modernising My Health Record—Sharing by Default) Bill 2024 Impact Analysis
10. My Health Record statistics and insights - April 2025

1 Gaining access to My Health Record for healthcare providers

Understand the importance of Healthcare Identifiers

- **Healthcare Provider Identifier Organisation (HPI-O)**
  The HPI-O identifies the healthcare provider organisation where healthcare is provided. It is available once the organisation has completed the online registration process for the Healthcare Identifiers Service (HI Service) via HPOS.

- **Healthcare Provider Identifier – Individual (HPI-I)**
  An HPI-I identifies an individual healthcare provider. Health professionals registered with the Australian Health Practitioner Regulation Agency (Ahpra) can locate their HPI-I by accessing their account via the Ahpra website or by calling the HI Service (1300 419 495). Non-Ahpra registered health professionals can apply for an HPI-I online via HPOS.

- **Individual Healthcare Identifier – (IHI)**
  An IHI identifies an individual receiving healthcare services. Once the HPI-O and HPI-I are configured and correct, patient demographics have been entered, conformant clinical software or the National Provider Portal can retrieve and validate the patient's IHI and confirm the patient's My Health Record status.

Assign Responsible Officer (RO) and Organisation Maintenance Officer (OMO) roles

The RO and OMO/s are responsible for ensuring the steps are completed for their organisation. Each organisation can have only one RO but can have multiple OMOs. The RO will complete the initial organisation registration in HPOS and make a record of the individuals who are the RO and OMO/s in the organisation's My Health Record security and access policy. RO and OMO details can be added, removed or changed via HPOS as required.

Policies and Education

- Before registering to participate in the My Health Record system, your organisation will need to have a security and access policy in place. A My Health Record Policy covers user account management and access, security measures and management of data breaches, staff training and policy implementation and management.
  It is a legislative requirement that a My Health Record security and access policy be implemented as described in the My Health Records Rule 2016. A My Health Record security and access policy template has been developed by the Office of the Australian Information Commission (OAIC), in collaboration with the Agency, to assist you in developing a policy for your organisation. A downloadable copy of policy requirements checklist is also available.

- Establish a National Authentication Service for Health Certificate for Healthcare Provider Organisations Public Key Infrastructure (NASH PKI) Certificate Policy.

- Recognise privacy and security obligations.
  An online eLearning module is available, as is information regarding ongoing participation obligations, available here.

- Complete staff My Health Record training.
  Healthcare provider organisations must provide staff with My Health Record training **before** they are authorised to use the system.
  Access a range of training and support materials here:
  - My Health Record education and training
  - Access online eLearning modules or podcasts
  - Join an upcoming webinar

2 Gaining access to My Health Record for healthcare providers

Registering an organisation with Healthcare Identifiers Service (HI Service) via HPOS

- **RO registers Seed Organisation for the Healthcare Identifier Service (HI) Service and My Health Record via HPOS.** A Seed Organisation is a legal entity that provides or controls the delivery of healthcare services within Australia.
  The RO completes the registration request for a Seed Organisation by accessing HPOS via PRODA. When registering an organisation for the HI service, the organisation will be allocated a unique 16-digit HPI-O. To deactivate, reactivate and retire an HPI-O complete this form and follow steps to upload via HPOS.

- **RO checks HPOS Messages.**
  RO logs into HPOS via PRODA and checks their HPOS Messages for the message which contains the HPI-O, details of the RO and OMO and how to apply for a NASH PKI Certificate when using conformant software to access My Health Record.

- **RO or OMO registers network organisation/s, if required.** A Network Organisation is a sub-entity of a Seed Organisation that provides healthcare services.

- **Set access flags for any network organisations.**
  Access flags allow network organisations to either inherit their parent organisation's access (flag set to 'No') or have access separate from their parent organisation's access (flag set to 'Yes'). A seed organisation is always set to 'Yes'.

NASH PKI, CSP or NPP Approach

- **Check with your conformant clinical information software if it requires a NASH PKI Certificate or a Contracted Services Provider Number (CSP) to manage authorisation. If not using conformant software, proceed to 'NPP Approach' step.**
  • NASH PKI: RO or OMO logs into HPOS via PRODA and requests a NASH PKI Certificate, selecting the correct software product and version number. Ensure a mobile phone number is entered when prompted to receive an SMS with the Personal Identification Code (PIC) to install the NASH certificate within 30 days. A NASH certificate needs to be configured/installed into the software product to be functional. Contact your software provider for support with NASH certificate installation. Certificates are valid for 2 years and RO or OMO should plan to apply and install a new NASH Certificate before the expiry date.
  • CSP Number: RO/OMO links HPI-O to CSP number, which is provided by the CSP software provider, in both the 'CSP Links' tab and added under Manage Authorisation Links in HPOS. Follow the steps in this guide.
  • NPP Number: your organisation can access My Health Record using the National Provider Portal (NPP) if you don't have conformant software. Follow these step-by-step instructions to register the organisation and individuals for the National Provider Portal. Click here to access the National Provider Portal online or via PRODA.

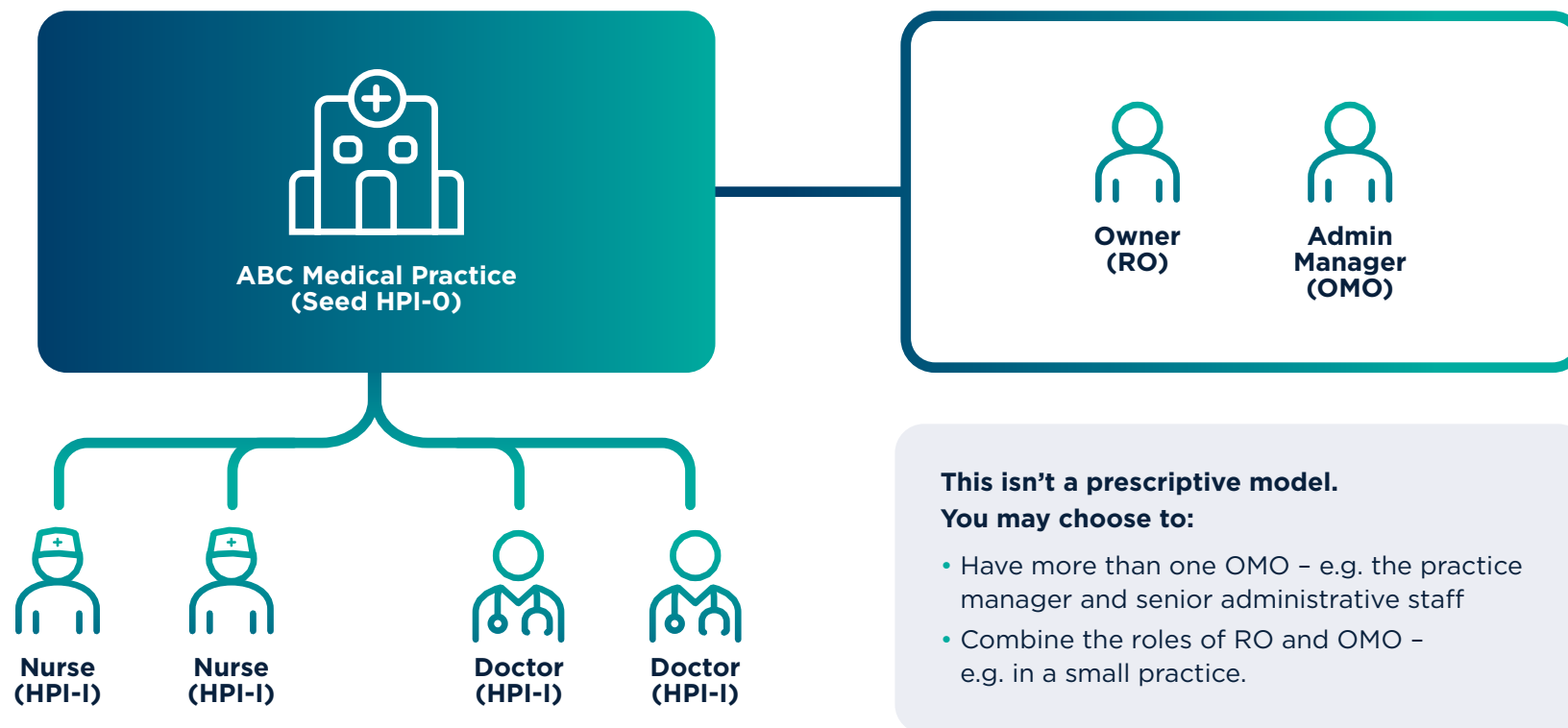## 3   Gaining access to My Health Record for healthcare providers

Software Configuration

- **Add HPI-Is of clinical staff to software.** Linking HPI-Is to the HPI-O in HPOS is required for National Provider Portal and some conformant software.
Contact your software provider for support with configuring software.

- **Add HPI-O to clinical software.**
Check your software providers resources or contact IT service provider for configuration support.

- **Install NASH PKI Certificate in software.**
Check your software provider's resources or contact IT service provider to arrange configuration support. A Personal Identification Code (PIC) will be required.

- **Update software settings to ensure permission for staff accessing My Health Record.**
Check your software provider's resources or IT Support for My Health Record configuration support. Staff will require relevant viewing/uploading permissions enabled for My Health Record and Electronic Transfer of Prescriptions.

- **Validate an Individual Healthcare Identifier (IHI).**
Check your software provider's resources for instructions to confirm that your software has been configured correctly to access My Health Record (using either the NASH or CSP approach) and that your software can retrieve and validate a patient's IHI.

- **Register with a Prescription Exchange Service (PES).**
Contact Prescription Exchange Service (PES) provider: eRx Script Exchange (1300 700 921).

- **Check if conformant software can access My Health Record.**
Contact your software provider or the Agency helpline (1300 901 001) if there are connection errors.

Inform your patients

- **Provide information to your patients.**
A range of information is available on the Digital Health website. Print on Demand resources such as brochures, counter cards and posters are available. Please contact us or the Australian Digital Health Agency to order.

- **Add information to your website and privacy policy.**
Inform consumers that your healthcare organisation uses My Health Record.

Key roles - Seed Organisation

ABC Medical Practice (Seed HPI-O)

Nurse (HPI-I)

Nurse (HPI-I)

Doctor (HPI-I)

Doctor (HPI-I)

Owner (RO)

Admin Manager (OMO)

This isn't a prescriptive model.
You may choose to:

- Have more than one OMO – e.g. the practice manager and senior administrative staff
- Combine the roles of RO and OMO – e.g. in a small practice.

Use of My Health Record is increasing each year as doctors and patients realise its benefits

Uploaded to My Health Record	March 2023-March 2024
Clinical documents	36% increase
Medicine documents	44% increase
Pathology reports	37% increase
Discharge summaries	30% increase
Specialist letters	78% increase
Diagnostic imaging reports	34% increase

Caleb's healthcare journey

Caleb Derrington is an 88-year-old male who was living independently at home until he had a fall and fractured his neck of femur (leg). He was taken to hospital in an ambulance.

Staff in the emergency department accessed Caleb's My Health Record to gain an understanding of his overall health. In hospital, he had a total hip arthroplasty and remained under their care until he was ready for discharge. After consulting with his family, together they decided it would be safer for him to live in a residential aged care facility. The nurse admitting him to the residential aged care facility reviewed Caleb's discharge summary, Medicines View, shared health summary and immunisation documents in his My Health Record.

The residential aged care facility arranged a telehealth consult for Caleb to see his GP. During the consult, the GP prescribed some medicines and sent the prescriptions to his Active Script List. She then sent a pathology e-request for HbA1c. Caleb was pleased that he did not have to leave the facility to see his GP. The pharmacist accessed Caleb's My Health Record, reviewing his medical history and medicines information to gain an overall understanding of Caleb's health and medication status. He dispensed the medicines from Caleb's Active Script List and the pharmacy then delivered Caleb's medicine to the residential aged care facility.

Need help implementing My Health Record?

Contact your digital coach

Western NSW Primary Health Network's digital coaches are here to help you access and use My Health Record.

If you have any questions or would welcome any help, please email **digitalhealth.team@wnswphn.org.au** or call **1300 699 167**.

Future improvements and developments for My Health Record and My health mobile app

Future improvement	Timing and details
Modernising My Health Record (Sharing by Default) Act 2025 Legislation. Starting with mandatory pathology & diagnostic imaging uploads + 7-day removal. Further amendments to this legislation are ongoing.	Pathology and diagnostic imaging reports must be uploaded to My Health Record by both private and public service providers from February 2026. Some providers are already uploading reports 'by default'. Check with your local preferred pathology and radiology labs to confirm details.
Residential Care Transfer Reason	Timing TBC as subject to aged care software conformance requirements. A document generated by a residential care facility containing details of an individual's transfer from the residential care setting into a hospital. This includes provider information, reason for transfer and date of transfer. The upload of this document triggers the creation of a residential care transfer overview.
Residential Care Medication Chart	Timing TBC as subject to aged care software conformance requirements. A record of orders and administration of prescription and non-prescription medicines and nutritional supplements for an individual being transferred from a residential care facility to a hospital
Residential Care Health Summary (Care Transfer overview)	Timing TBC as subject to aged care software conformance requirements. Residential Care Health Summary is a document containing information about a residential care individual's environment, health and care to support continuity of care during their transfer to hospital.
Medicines Management (ePrescription token management solution) and Active Script List view	2025. My health app on mobile devices now contains ability to manage eScript tokens
MyMedicare Care Team Registration & GP Regisration	2025 discovery phase. Expanding the range and clinical value by sharing pathology test results key information + register preferred GP via the My health app.

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