My Health Record

Software Vendor Product Details Form

3 September 2019 v20190903

Approved for external use

Document ID: DH-2941:2019

**Please note** this form is to be completed by Clinical Information System (CIS) software vendors. If you are a mobile app developer wishing to connect to the My Health Record system, please email help@digitalhealth.gov.au or call the help centre on **1300 901 001** during business hours.

By submitting this form, you are consenting for the My Health Record System Operator (as defined in the *My Health Records Act 2012 (Cth))* to disclose the information in this form about you, your organisation and your product to the Department of Human Services (DHS) and contractors and for DHS to use and store the information to assist you in testing your product against My Health Record system requirements and, if successful, monitoring the ongoing conformance of your product. Please ensure all information is correct, as details on the Notice of Connection (NOC) will appear as provided on this form.

All fields marked **\*** are mandatory.

# Software vendor name \*



# Product name \*



# Provide any alternate name(s) for your product



# Product version \*



# Software product role \*

(Clinical Information System / Contracted Service Provider / Registered Repository Operator)

  

# Product platform (Java, .NET etc.) \*



# IP range – to be used throughout the testing process \*



# Contact details

To be used throughout the testing process

|  |  |
| --- | --- |
| **Primary contact** | **Secondary contact** |
| Full name **\*** | Full name **\*** |
| Phone **\*** | Phone **\*** |
| Mobile **\*** | Mobile **\*** |
| Email **\*** | Email **\*** |
| Address | Address |
| Suburb | Suburb |
| Post code | Post code |
| State | State |

Product Support Contact Details

|  |  |  |
| --- | --- | --- |
| **Customer Support Channel***(Select all that apply)* | **Support Details***(e.g. contact number, email address, web address)* | **Hours of Support***(e.g. 24 hours, 9:00 – 17:00 AEST)* |
| [ ]  Contact help desk |  |  |
| [ ]  Email |  |  |

# Background and product overview

Have you attended an Agency My Health Record Developer introduction session?

 or 

Have you started development?

 or 

Who is the target of the My Health Record functionality in your product?

  

How would you describe your product?

  



How would you rate your current understanding of the development requirements for the Healthcare Identifier Service (HI Service) and the My Health Record system?

  

Is there anything else that you believe may be helpful for us to understand about your product?



# Supported web services \*

|  |
| --- |
| Tick the My Health Record web services to be tested |
|  |  |

#  Supported web services for Registered Repository Operator (RRO)*(Please only tick if you are using the RRO services)*

|  |  |
| --- | --- |
| My Health Record web services to be tested  | RRO web service to be tested |
|  |  |

## If RRO web service is to be tested, provide connection details

Endpoint



Repository unique ID



# Have you previously been issued with a Medicare HI NOC?

 or 

If you have not been issued a HI NOC, contact OTS Liaison at otsliaison@humanservices.gov.au. Further information on HI NOC is available at

<https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/healthcare-identifiers-service-health-professionals>

HI NOC and My Health Record NOC can be applied for in parallel. The testing may be completed in any order, although it is recommended that HI NOC testing is completed first.

#  Provider portal access required?

Provider portal can be used as another means of troubleshooting when conducting NOC testing and is recommended. Please select one option:

 or 

## Provider portal is supported on the following browsers:

Tick at least one option that would be used for accessing the provider portal.

|  |  |
| --- | --- |
|  |  |
|  |  |

For a full list of available browser versions please see <https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/content/compatibility-browsers>

#  CIS and CSP requirements

How does your system access the HI Service?





(Identifiers are obtained from another software system that accesses the HI Service.)

## Scope of conformance \*

Indicate which role(s) are performed by your clinical information system:

|  |
| --- |
| If different from product name, please provide the name(s) of the software system(s) that perform these roles |
|  |

## Clinical documents \*

Indicate in the table below the type of clinical document(s) produced by your software

|  |
| --- |
| If different from product name, please provide the name(s) of the software system(s) that perform these roles |
|  |

## Optional capabilities \*

Indicate which of the following optional capabilities are to be tested:

|  |
| --- |
| If different from product name, please provide the name(s) of the software system(s) that perform these roles |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Clinical terminology

|  |
| --- |
| Please select one or more of the following options to indicate which clinical terminology is included: |



Does your software use a map with another clinical terminology? or 

 Please provide the name of this clinical terminology



## Usability Recommendation

|  |
| --- |
| Please indicate if the software product is compliant with the My Health Record usability recommendation |
| or  |

#  Testing scenarios

## Will the integrated system download information from the My Health Record system?

 or 

If ‘Yes’, provide software names for functional components 16.1, 16.6 and 16.7 in Section 16.



A healthcare provider wants to access information about the healthcare of an individual. The objective of this scenario is to download the individual’s healthcare information from a digital health record.

## Will the integrated system upload information to the My Health Record system?

or 

If ‘Yes’, provide software names for functional components 16.1, 16.2, 16.3, 16.4 and 16.5 in Section 16.



The healthcare provider has entered new or revised information in the local system regarding the healthcare of an individual. The objective of this scenario is to upload the individual’s clinical information to a digital health record. The system must also have the capability to remove information from a digital health record.

## Will the integrated system assist the healthcare provider to register an individual with the My Health Record system?

 or 

If ‘Yes’, provide software names for functional components 16.1 and 16.8 in Section 16.



An individual presents without a digital health record. The objective of this scenario is to create a digital health record and store the individual’s healthcare identifier (IHI) in the local system.

# Functional components

Provide the names and details of the individual software systems that perform the functional components in the scenarios that you have selected in Section 15.

(More than one software system may be listed for each functional component.)

## Manage healthcare identifiers

These are system functions to manage local copies of an IHI and (optionally) manage local copies of identifiers for healthcare provider individuals and organisations.

**Software name:**  **Version**: 

**Software name:**  **Version**: 

**Description**: 

## Create clinical documents

These are system functions to create clinical documents containing personal health information. Clinical documents may be in any format.

**Software name:**  **Version**: 

**Software name:**  **Version**: 

**Description**: 

## Transform to CDA format

These are system functions to convert clinical documents into CDA format.

**Software name:**  **Version**: 

**Software name:**  **Version**: 

**Description**: 

## Create clinical packages

These are system functions to create a clinical package out of a clinical document.

**Software name:**  **Version**: 

**Software name:**  **Version**: 

**Description**: 

## Upload and remove information in a digital health record

These are system functions to access a digital health record to upload and remove information. Uploading systems must also be capable of removing information.

**Software name:**  **Version**: 

**Software name:**  **Version**: 

**Description**: 

## Gain access and download information in a digital health record

These are system functions to gain access to a digital health record and download information.

**Software name:**  **Version**: 

**Software name:**  **Version**: 

**Description**: 

## Render information from a digital health record

These are system functions to either display or print information downloaded from a digital health record. Downloaded information may be clinical documents or My Health Record views.

**Software name:**  **Version**: 

**Software name:**  **Version**: 

**Description**: 

## Assist with registration

These are system functions in the healthcare provider’s local system to assist a healthcare provider to register a healthcare individual’s digital health record.

**Software Name:**  **Version**: 

**Software Name:**  **Version**: 

**Description**: 

# Submit form

Email your completed form to: otsliaison@humanservices.gov.au

Submission Date: Click here to enter a date.

**Publication date:** 3 September 2019

**Australian Digital Health Agency** ABN 84 425 496 912, Level 25, 175 Liverpool Street, Sydney, NSW 2000 [digitalhealth.gov.au](http://www.digitalhealth.gov.au/)

Telephone 1300 901 001 or email help@digitalhealth.gov.au

Disclaimer

The Australian Digital Health Agency (“the Agency”) makes the information and other material (“Information”) in this document available in good faith but without any representation or warranty as to its accuracy or completeness. The Agency cannot accept any responsibility for the consequences of any use of the Information. As the Information is of a general nature only, it is up to any person using or relying on the Information to ensure that it is accurate, complete and suitable for the circumstances of its use.

Document control

This document is maintained in electronic form and is uncontrolled in printed form. It is the responsibility of the user to verify that this copy is the latest revision.

Copyright © 2019 Australian Digital Health Agency

This document contains information which is protected by copyright. All Rights Reserved. No part of this work may be reproduced or used in any form or by any means – graphic, electronic, or mechanical, including photocopying, recording, taping, or information storage and retrieval systems – without the permission of the Australian Digital Health Agency. All copies of this document must include the copyright and other information contained on this page.

OFFICIAL

Acknowledgements

Council of Australian Governments

The Australian Digital Health Agency is jointly funded by the Australian Government and all state and territory governments.