



My Health Record Portal Operator – Production Environment Access Request Form

10 August 2021 v3.3
Approved for external use
Document ID: DH-3514:2021

Purpose of this form

The purpose of this form is for developers to request access to the My Health Record Production Environment by providing information about the developer's organisation, details of their application (app), declaring that the app conforms to the mandatory My Health Record requirements and technical specifications and has undergone the necessary testing.

For further information about connecting with the My Health Record system, please refer to the *My Health Record - App Vendor Guide to the Connection Process*.

Form instructions

If you are requesting My Health Record Production Environment access for the first time:

- Please complete all required sections of this form; and
- Send a copy of the completed form to help@digitalhealth.gov.au

If you are **changing or upgrading your app (e.g. major or minor versions, adding/removing a function, requesting access to new APIs, addressing an issue reported by the System Operator)**, please refer to the *My Health Record – Managing Your App in Production* document for guidance on when to use this form and notify the My Health Record System Operator of the change or upgrade.

Privacy Statement

If you apply to access the My Health Record Production Environment, we (the System Operator of the My Health Record system) will collect personal information about you as the authorised person to apply for access, personal information of the people you describe in this form who will have responsibility for both general incident management and security incident management, and your organisation's name, which may contain personal information such as an individual's personal name.

We will collect and use this personal information for the purposes of granting your organisation access to the Production Environment and contacting the relevant person for general enquiries about your organisation, app or application, and for general incident and security management.

Without this information your organisation and app will not be able to access the My Health Record Production Environment. We will only disclose personal information about you or others you have included

in this form to our contractors and delegates to assist us in operating the My Health Record system. Contractors and delegates are bound by strict obligations to treat individuals' personal information with the same level of respect, privacy and security as us. We will not disclose personal information included in this form overseas.

For more information or to find out how you can access and correct personal information, complain about a breach of privacy, or for further details about how we manage your personal information, please see our privacy policy at www.myhealthrecord.gov.au/privacy. We can be contacted by calling 1800 723 471 (select option 1), by visiting your nearest Medicare service centre, or by writing [Privacy Officer, My Health Record system, GPO Box 9942, SYDNEY NSW 2001].

For a glossary of terms used in this form, please refer to the My Health Record Glossary available via the My Health Record website: <https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/Content/glossary>

For support in completing this form, please contact the My Health Record Operations team at help@digitalhealth.gov.au.

Organisation and App Details

1. Type of Production Environment Access Request			
1.1 Please indicate the nature of your Production Environment Access request <i>If A is selected, please complete all questions in this form.</i>	A. <input type="checkbox"/> First request for Production Environment access B. <input type="checkbox"/> Existing app in Production Environment – change or upgrade C. <input type="checkbox"/> Addressing a production issue that was reported by the System Operator		
	If B or C is selected, please provide a detailed description of the change or upgrade, inclusive of the issue number and description if applicable <i>(This information will be used to assess whether your app will need to re-complete Notice of Connection (NOC) testing)</i>		
2. Organisation Details			
<i>This information will be used by the System Operator to identify your organisation. Please complete all fields.</i>			
2.1 Organisation Name			
2.2 Organisation Address			
	State		Postcode
2.3 Organisation Contact Number			
2.4 ABN		2.5 ACN	
3. Contact Information			
<i>This information will be used by the System Operator for My Health Record related correspondence. Please complete all relevant fields.</i>			
3.1 Contacts			
<i>Please ensure you provide all details for both a primary and secondary contact. This information will be used by the System Operator to make contact during business hours and after hours for incident management (such as system, security and privacy) and administrative purposes.</i>			
Note: <i>Contacts must have the authority and be able to resolve, or coordinate the resolution of, any technical, security or operational issues affecting the Portal Operator.</i>			
3.1.1 Business Hours			
	Primary Contact Person		Secondary Contact Person
Name			
Position			
Primary Contact Number			
Secondary Contact Number			
Email Address			
3.1.2 After Hours			
<input type="checkbox"/> Same contacts as those listed in Question 3.1.1 above			
	Primary Contact Person		Secondary Contact Person
Name			
Position			
Primary Contact Number			
Secondary Contact Number			

Email Address		
4. App Details <i>This information will be used by the System Operator to: assess your app for My Health Record Production Environment access, technically provision this access, and understand how your app's users will be supported. Please complete all fields.</i>		
4.1 App Name <i>Exact name of the app as referred to in the App Store and/or Google Play and System Operator hosted consent screens</i>		
4.2 App Type	<input type="radio"/> Mobile App <i>(Mobile Applications developed to run natively on a specific mobile device or platform (e.g. iOS, Android))</i>	
	<input type="radio"/> Web App <i>(Web Apps are powered by a web browser (e.g. Chrome, Firefox, Safari etc) through the internet. Web applications are typically built using HTML, CSS and JavaScript and served through a mobile or desktop browser. Web applications can be built to look and feel just like a native application but will always runs through a visible browser.)</i>	
	<input type="radio"/> Progressive Web App <i>(Web applications that can appear and behave as native applications on mobile devices but do not require installation of the application on the device)</i>	
	<input type="radio"/> Hybrid App <i>(Hybrid Apps are usually coded in HTML, CSS and JavaScript. They are run through an invisible browser which has been packaged into a native application. This enables the application to have the look, feel and functionality of a native application. Hybrid applications allow developers to minimise development time as minimal work is required to target various mobile operating systems. An additional benefit of using a hybrid application framework includes allowing developers to access Native API calls which can be used to enable binary security mechanisms from the device itself. Hybrid Applications can also be distributed through native application stores (allowing for additional vetting))</i>	
4.3 Call back URLs <i>These details are required to ensure your app is able to communicate with the My Health Record system</i>	URL to receive authentication tokens <i>(OAuth call back URL is used to handle the OAuth authorization code, and error code for error scenarios, from the My Health Record system)</i>	
	URL to receive push notifications <i>(Push notification call back URL is used to handle push notifications from the My Health Record system)</i>	
4.4 A short description of the purpose of your app, and attach the app's Use Cases or User Stories <i>The short description will be used on the MyHealthRecord.gov.au website as well as the app support contact details in Q4.5. The Use Cases or User Stories document must clearly articulate:</i> <ul style="list-style-type: none"> <i>i. How a consumer interacts with the app and the My Health Record data/system to produce a health or wellness outcome.</i> <i>ii. Which third parties (if any) will access the data retrieved, detailing the expected consumer benefits.</i> 		

4.5 What customer support channels will support your app users?			
<i>This information will be published on the My Health Record website and will be used to help direct your app's users to app support channels if required.</i>			
Customer Support Channel <i>(Select all that apply)</i>	Support Details <i>(e.g. contact number, email address, web address)</i>	Hours of Support <i>(e.g. 24 hours, 9:00 – 17:00 AEST)</i>	
<input type="checkbox"/> Contact help desk			
<input type="checkbox"/> Email			
<input type="checkbox"/> Online live chat			
<input type="checkbox"/> In-app support <i>(e.g. FAQ, online query form)</i>			
<input type="checkbox"/> Other channel <i>Please provide further information</i>			
4.6 How will your app be made available to users?	App Distribution Channel	App Version Number <i>This must be the same version that has successfully completed Notice of Connection (NOC) testing and requires My Health Record Production Environment access.</i>	
	<input type="checkbox"/> Apple App Store		
	<input type="checkbox"/> Google Play		
	<input type="checkbox"/> Other <i>(Please specify)</i>		
4.7 For web apps, please provide the web URL			
4.8 Will representatives be able to access a My Health Record using your app?	<input type="radio"/> A. Authorised Representatives only	<input checked="" type="radio"/> B. Nominated Representatives only	<input type="radio"/> C. Both Authorised and Nominated Representatives
<i>Refer to the My Health Record Glossary for definitions of representative types</i>	If A, B or C are selected, please describe the nature of the representative access in your app (e.g. storage and sharing of this data retrieved by representatives).		
5. Interaction Model and Requested APIs			
5.1 Please select the interaction model that is applicable for your app	<input checked="" type="radio"/> Model 1 Consumer / self-care		<input type="radio"/> Model 4 Consumer connection via platform

5.2 If Model 4 is selected, please provide the name and version number of the intermediary server	i. Name of the intermediary server	
	ii. Version number of the intermediary server	
5.3 If Model 4 is selected, please provide the Common Name for the following certificates to be used to authenticate the intermediary server to the Mobile Gateway/My Health Record. <i>(The certificates need to be Gatekeeper certified. ¹)</i>	i. Common Name of the intermediary server certificate	
	ii. Common Name of the intermediary server certificate's issuer (intermediate certification authority)	
	iii. Common Name of the intermediary server certificate's root certification authority	
	<i>Please attach digital certificates for each of the following:</i> <ul style="list-style-type: none"> • <i>intermediary server</i> • <i>intermediary server certificate's issuer</i> • <i>any remaining intermediate CAs in the chain of trust to the Root CA</i> • <i>Root CA.</i> 	
	URL of the intermediary server certificate's Certificate Revocation List (CRL)	
5.4 Please select the APIs that your app will use in the Production Environment <i>Please refer to the FHIR Gateway API Specification for the list of available interfaces</i>		
i. Select the applicable My Health Record APIs		ii. Specify the API version number
<input type="checkbox"/> Individual Initial Authentication		Not applicable
<input type="checkbox"/> Get or Refresh Token		Not applicable
<input type="checkbox"/> Individual Provider Authentication		Not applicable
<input type="checkbox"/> Get Record List		
<input type="checkbox"/> Get Patient Details		
<input type="checkbox"/> Search Document List		
<input type="checkbox"/> Get Personal Health Summary (Allergies)		
<input type="checkbox"/> Get Personal Health Summary (Medications)		
<input type="checkbox"/> Get Allergies List (SHS)		
<input type="checkbox"/> Get PBS Items		
<input type="checkbox"/> Get MBS Items		
<input type="checkbox"/> Get Prescription and Dispense List		
<input type="checkbox"/> Get Document		

¹ Please refer to the following website for more information on Gatekeeper certification <https://www.dto.gov.au/standard/design-guides/authentication-frameworks/gatekeeper-public-key-infrastructure-framework/>

5.5 If the Get Document API was selected in Question 5.4 above, please specify which documents will be accessed and a justification for each	
i. Select the applicable document(s)	
<i>Clinical records</i>	
<input type="checkbox"/> Shared Health Summary	
<input type="checkbox"/> e-Referral	
<input type="checkbox"/> Specialist Letter	
<input type="checkbox"/> Discharge Summary	
<input type="checkbox"/> Event Summary	
<input type="checkbox"/> Diagnostic Imaging Report	
<input type="checkbox"/> Pathology Report	
<i>Medicine records</i>	
<input type="checkbox"/> eHealth Prescription Record	
<input type="checkbox"/> eHealth Dispense Record	
<input type="checkbox"/> Pharmacist Shared Medicines List	
<i>Personal health information</i>	
<input type="checkbox"/> Personal Health Note (Consumer apps only)	
<input type="checkbox"/> Personal Health Summary	
<i>Advance care planning</i>	
<input type="checkbox"/> Advance Care Planning Document	
<input type="checkbox"/> Advance Care Directive Custodian Record (also referred to as Advance Care Document Custodian)	
<i>Childhood development information</i>	
<input type="checkbox"/> Consumer Entered Achievements (Consumer apps only)	
<input type="checkbox"/> Consumer Entered Measurements	
<input type="checkbox"/> Child Parent Questionnaire	
<i>Medicare records</i>	
<input type="checkbox"/> Medicare/DVA Benefits Report	
<input type="checkbox"/> Pharmaceutical Benefits Report	
<input type="checkbox"/> Australian Organ Donor Register	
<input type="checkbox"/> Australian Immunisation Register	
<input type="checkbox"/> Immunisation History Statement	
<i>Other</i>	
<input type="checkbox"/> Other (<i>Please specify</i>)	

6. Supporting Information and Acknowledgement			
6.1 Supporting Documents and Information			
<i>This information will be used by the System Operator to understand how your app conforms to key mandatory requirements and recommended guidelines outlined in the Interoperability Requirements and should be included as attachments in the form submission email you send to the My Health Record Operations Team.</i>			
6.1.1 Consent			
<i>Attachments must include:</i>			
<ul style="list-style-type: none"> • All screenshots that demonstrate how your app will gather consent, covering the consent flows described in the <i>My Health Record FHIR Gateway – Consent Requirements and Guidelines</i>. • App logo to be displayed on the My Health Record website. Note: The logo needs to be provided in colour, PNG format, size 300x300 pixels. 			
6.1.2 My Health Record Branding			
Attachments must include all screenshots that reference My Health Record, including text-based references and logos.			
6.1.3 Access revocation instructions			
<i>Attachments must include:</i>			
Screenshots that demonstrate the in-app information describing how an app user can revoke the app's access to their My Health Record using the National Consumer Portal.			
6.2 Are there any special conditions that your organisation would like considered when requesting My Health Record Production Environment access?			
<input checked="" type="radio"/> Yes			
<i>(Please specify)</i>			
<input type="radio"/> No			
6.3 Acknowledgement			
<input type="checkbox"/> I declare that the information I have provided in this form is true and correct to the best of my knowledge. <input type="checkbox"/> I declare that the app named in this application complies with the Interoperability Requirements in force on the date of this application and will comply with any future versions of the Interoperability Requirements. <input type="checkbox"/> I declare that the app named in this application performs validation of personal information obtained from the My Health Record that ensures this information is accurate, up-to-date and complete. <input type="checkbox"/> I declare that effective security controls are in place to mitigate the security risks associated with the solution.			
Name			
Position		Date	
Signature			

Document checklist:

Please fill in this request form, and provide the following documents to support your request:

- | |
|--|
| <input type="checkbox"/> Use Case related material – refer to section 4.4. |
| <input type="checkbox"/> Digital certificates – refer to section 5.3 |
| <input type="checkbox"/> Consent related material – refer to section 6.1.1. |
| <input type="checkbox"/> My Health Record Branding – refer to section 6.1.2. |
| <input type="checkbox"/> Access Revocation instructions -- refer to section 6.1.3. |

Publication date: 10 August 2021

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Acknowledgements

Council of Australian Governments

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