Healthcare Identifiers

Conformance Vendor Declaration Form

23 July 2024 v4.1

Approved for external use

Reference Number: CRM Reference Number

 DH-3925:2024

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| This form facilitates a vendor’s declaration that their software product conforms to the mandatory and relevant conditional requirements of the *Use of Healthcare Identifiers in Health Software Systems – Software Conformance Profile* stated in section 2.3. |
| **Vendor instructions** |
| * Please complete and sign Section 3 – Vendor declaration.
 |
| **SECTION 1 – Organisation contact and software details** |
| **1.1 Vendor details**  |
| Organisation name |  |
| Address |  |
| Suburb:  | State:  | Postcode:  |
| Website |  |
| **1.2 Contact details**  |
| Name of contact |  |
| Position |  |
| Telephone  |  |
| Email |  |
| **1.3 Software product details**  |
| Commercial product name and version |  |
| General description of software product |  |
| Implementation or component name (*as presenting to the HI Service*) | Version number |
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| **SECTION 2 Software conformance** |
| **2.1 Software conformance – web services** |
| *The implementation(s) accesses the following HI Service web services:* |
| **TECH.SIS** | **Web Service** | **Supported versions** | **NOC tested as Contracted Service Provider (if applicable)** |
|  | No web services have been implemented | [ ]   | [ ]   |
| 05 | Update IHI via B2b | [ ]  v3.2.0 | [ ]  v3.2.0 |
| 06 | IHI Inquiry – Search via B2B | [ ]  v3.0 | [ ]  v3.0 |
| 12 | Consumer Search IHI Batch Synchronous | [ ]  v3.0 | [ ]  v3.0 |
| 13 | Manage Provider or Administrative Individual Details | [ ]  v3.2.0 |  |
| 14 | Manage provider Organisation Details | [ ]  v3.2.0 |  |
| 15 | Read Provider or Administrative Individual Details | [ ]  v3.2.0 |  |
| 16 | Read Provider Organisation Details | [ ]  v3.2.0 |  |
| 17 | Healthcare Provider Directory – Search for Individual Provider Directory Entry | [ ]  v3.2.0 | [ ]  v3.2.0 |
| 18 | Healthcare Provider Directory – Search for Organisation Provider Directory Entry | [ ]  v3.2.0 | [ ]  v3.2.0 |
| 19 | Healthcare Provider Directory – Manage Provider Directory Entry | [ ]  v3.2.0 |  |
| 22 | Read Reference Data | [ ]  v3.2.0 | [ ]  v3.2.0 |
| 24 | Notify of Duplicate IHI via B2B | [ ]  v3.2.0 | [ ]  v3.2.0 |
| 25 | Notify of Replica IHI via B2B | [ ]  v3.2.0 | [ ]  v3.2.0 |
| 26 | Create verified IHI for newborns | [ ]  v4.0.0 | [ ]  v5.0.0 |
| 30 | Consumer Search IHI Batch Asynchronous | [ ]  v3.0 | [ ]  v3.0 |
| 31 | Search for Provider Individual Details | [ ]  v5.0.0 | [ ]  v5.0.0 |
| 32 | Search for Provider Organisation Details | [ ]  v5.0.0 | [ ]  v5.0.0 |
| 33 | Search for Provider Individual Batch Asynchronous | [ ]  v5.0.0 | [ ]  v5.0.0 |
| 34 | Search for Provider Organisation Batch Asynchronous | [ ]  v5.0.0 | [ ]  v5.0.0 |
| 36 | Match Provider or Administrative Individual Details | [ ]  v3.2 |  |
| **2.2 Software conformance – use cases** |
| *The implementation(s) supports the HI business use cases listed below:* |
| [ ]  UC.005 – Search for a patient health record | [ ]  UC.150 – Register network HPI-O  |
| [ ]  UC.010 – Register patient | [ ]  UC.240 – Search for HPI-I in HI Service HPD |
| [ ]  UC.015 – Update patient health record  | [ ]  UC.241 – Search for HPI-O in HI Service HPD |
| [ ]  UC.025 – Bulk update of IHI details  | [ ]  UC.305 – Validate HPI-O |
| [ ]  UC.035 – Merge patient health records  | [ ]  UC.306 – Get HPI-O status |
| [ ]  UC.045 – Logon to software system  | [ ]  UC.320 – Request an electronic clinical document |
| [ ]  UC.080 – Maintain HPI-O details | [ ]  UC.325 – Receive an electronic clinical document  |
| [ ]  UC.130 – Validate HPI-I | [ ]  UC.330 – Send an electronic clinical document |
| [ ]  UC.131 – Validate HPI-I via the HI Services |  |
| **2.3 Software conformance – Conformance Profile** |
| The implementation conforms to all the mandatory and conditional conformance requirements applicable to the indicated HI business use cases, as specified in the “*Use of Healthcare Identifiers in Health Software Systems – Software Conformance Profile”* in accordance with the version indicated below: |
|  HI Conformance Profile version: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **2.4 Software conformance – Conformance Testing** |
| Conformance testing completion date: |  |
| Test Summary Report identification number/code: |  |
| **2.5 Software conformance – Additional information** |
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| **SECTION 3 Vendor Declaration**  |
| Do you want the implementation listed on the Practice Incentives Program (PIP) eHealth Product Register?*(for information about PIP, refer to* [*Practice Incentives Program eHealth Incentive webpage*](https://www.digitalhealth.gov.au/healthcare-providers/practice-incentives-program-ehealth-incentive-epip)*)*

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| *[ ]  No*  |
| *[ ]  Yes (additional requirements must be completed if your product is intended for inclusion in the PIP eHealth Product Register)**[ ]  The product is capable of recording the HPI-O for the practice* *[ ]  The product is capable of recording the HPI-I for each general practitioner within a practice* |

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| Do you want the implementation listed on the [Healthcare Identifiers Service (HI Service) Conformance Register?](https://www.digitalhealth.gov.au/about-us/policies-privacy-and-reporting/registers)

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| *[ ]  No*  |
| *[ ]  Yes (additional requirement to agree with the Vendor Terms and Conditions)**[ ] I agree with the Vendor Terms and Conditions on the* [*ADHA website*](https://www.myhealthrecord.gov.au/for-healthcare-professionals/conformant-clinical-software-products) |

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| Limitation on the validity of this declaration |  |
| By signing below, I certify that I am responsible for the representations I make on this form and the information I have provided on this form is accurate, complete and up‑to‑date. I am aware that by signing this form a copy of this form and HI Conformance Test Summary Report will be provided to Services Australia and a copy the HI Service production access letter will be provided to the Australian Digital Health Agency. |
| **Signed by:** Name of issuer or authorised representative Signature *Role Date (day/month/year)*  |