My Health Record

Portal Operator Registration Form (PORF)

11 March 2025 v5.5

Approved for external use

Document ID: DH-4123:2025

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| **Purpose of this form**This form is for:* mobile app developers (**Portal Operators**) to enable them to:
	+ apply to the System Operator of the My Health Record system for registration as a Registered Portal Operator under the *My Health Records Act 2012* (Cth); and
	+ request access to the My Health Record Test Environment for your proposed application (app).
* Portal Operators, before or after becoming Registered Portal Operators, to enable them to update information previously submitted in a PORF.

For further information about connecting with the My Health Record system, please refer to the *App Vendor Guide to the Connection Process*, which is distributed as part of the [Welcome Pack](https://developer.digitalhealth.gov.au/resources/my-health-record-mobile-integration) for developers using the FHIR®[[1]](#footnote-1) Gateway of the My Health Record system.**Form instructions**To apply to register your organisation as a Registered Portal Operator and nominate your representatives to be Operator Officers for the purposes of the *My Health Records Act 2012* (Cth) andthe *My Health Records Rule 2016* (Cth): * Please complete all required sections of **Part A** of this form; and
* Ensure you have had the required documentation copies certified by acceptable authorities**.**

To update information previously submitted in a PORF, for a Portal Operator or a Registered Portal Operator, please complete **Part A**.To request access to the My Health Record Test Environment for your app:* Please complete all required sections of **Part B** of this form.
* If you do not know a specific detail required by **Part B** (e.g. a detail is still to be determined), please state this in the applicable response field. You may attach any additional information you feel is necessary to support your request.
* Please read the My Health Record Test Environment Access Agreement in **Part C**.

To finalise **Part A**, **Part B** and/or **Part C** for submission, please complete **Part D**.**Privacy notice – PART A – Portal Operator Registration**When your organisation applies to the System Operator for registration as a Registered Portal Operator, personal information in this form will be collected by us as the System Operator of the My Health Record system. The purpose of collecting this personal information is (1) to verify your identity, the identity of your organisation and the role of each person nominated by your organisation to be appointed as your Operator Officer in the organisation if it becomes a Registered Portal Operator, (2) to manage the My Health Record system; and (3) for the purposes of the *My Health Records Act 2012* (Cth) and the *My Health Records Rule 2016* (Cth). Without this information your organisation cannot be registered as a Registered Portal Operator in the My Health Record system. Where you provide the personal information of another individual to appoint them as an Operator Officer, you confirm that the individual has agreed to provide their personal information to us for the purposes set out above.The certified hard copies of personal identification documents must be sent via secure courier to the System Operators’ Canberra office at Australian Digital Health Agency, GPO box 9942 Canberra ACT 2601**Privacy notice – PART B – Test Environment Access Request**If you apply for access to the My Health Record Test 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 as the “Business Contact” and the “Technical/Testing Contact”, 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 My Health Record Test Environment and contacting the relevant person for general enquiries about your organisation, app or application, for technical and testing purposes, and for administrative purposes. Without this information your organisation and app will not be able to access the My Health Record Test Environment. A copy of your application, including any documents provided as evidence of identity, is kept by us for record keeping purposes. 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 we do. 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[Privacy policy | Australian Digital Health Agency](https://www.digitalhealth.gov.au/about-us/policies-privacy-and-reporting/privacy-policy)We can be contacted by calling 1300 901 001, 8am – 5pm (AEST/AEDT), Monday – Friday. Email: Privacy@digitalhealth.gov.au 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 at[Glossary | Australian Digital Health Agency](https://www.digitalhealth.gov.au/support/glossary)For support in completing this form, please contact the My Health Record Operations team at myhealthrecord.operations@digitalhealth.gov.au. |
| When you provide personal information of any person, that personal information will be used to verify identity through certified hard copies.  | [ ]  I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity. |

PART A – Portal Operator Registration

Introduction:

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| **My Health Record system** |
| An individual may have a My Health Record in the My Health Record system. A My Health Record is a secure and voluntary electronic record of the individual’s key health information, accessible by the individual, the individual’s authorised representatives and nominated representatives and treating healthcare providers of registered healthcare provider organisations. The My Health Record system will give healthcare providers access to an individual’s My Health Record and health information, making continuity of care easier and contributing to improved treatment decisions.In order to participate in and facilitate access to the My Health Record system, eligible Portal Operators must be registered as a Registered Portal Operator in the My Health Record system. The System Operator assesses a Portal Operator’s eligibility to be registered under the *My Health Records Act 2012*. The Registered Portal Operator must comply with the *My Health Records Act 2012,* the *My Health Records Rule 2016,* available at [www.legislation.gov.au](http://www.legislation.gov.au). For more information about the My Health Record system and the requirements for registration as a portal operator, go to [My Health Record FHIR® Gateway | Digital Health Developer Portal](https://developer.digitalhealth.gov.au/resources/services/my-health-record/my-health-record-fhir-gateway) |
| **Registered Portal Operator** |
| Under the *My Health Records Act 2012*, a Registered Portal Operator must be a legal person that operates an electronic interface that can facilitate access to the My Health Record system and must be registered as a portal operator under section 49 of the *My Health Records Act 2012*.  |
| **Registration** |
| To apply to be registered as a Registered Portal Operator, the Portal Operator must satisfy the System Operator that it is eligible, including under section 48 of the *My Health Records Act 2012.* The System Operator may impose conditions on the registration and a person is not eligible to be registered as a Registered Portal Operator unless the System Operator is satisfied that the person has agreed to be bound by the conditions imposed by the System Operator’s registration. Each Operator Officer of the Registered Portal Operator must reside in Australia and have an Australian business or residential address.Registration as a Registered Portal Operator is subject to entering into the Portal Operator Registration Agreement with the System Operator which is a condition of registration. |
| **Evidence of legal business** |
| **Proving the Portal Operator is a legal business entity** |
| You must provide **ONE** type of documentary evidence to support the existence of the Portal Operator as a legal business entity. Copies of original documents must be attached and submitted with the completed form. The copies provided must be certified by an acceptable referee at **Appendix A.**Acceptable documentary evidence is a certified copy of the following:**For individuals or sole traders:*** a document issued by the Australian Taxation Office (ATO) bearing the individual’s name or business name and their tax file number.

**For other legal entities:*** current extract from the Australian Securities and Investments Commission, that is no older than 1 week from the date of submission.
 |
| **Evidence of applicant’s relationship with entity** |
| You must provide documentary evidence that each Operator Officer is authorised to act on behalf of your organisation. Acceptable documentary evidence is a certified copy of any **ONE** of the following: * An Australian Securities and Investments Commission company search displaying the person as a Director or company Secretary of the organisation
* An affidavit or statutory declaration sworn by a member of the board or executive of the organisation
* Any documentation which displays that the person holds a position of authority and trust within the organisation.
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| **Operator Officers** |
| The organisation applying to register as a Registered Portal Operator must appoint at least one but no more than three authorised persons, to act as Operator Officers. The obligations of Registered Portal Operators include compliance with rule 53 of the *My Health Records Rule 2016*, requiring a Registered Portal Operator to appoint between one and three employees as Operator Officer(s) to carry out duties, including:* Receiving communications from the System Operator about the operation of the My Health Record system;
* acting as a liaison between the System Operator and the Registered Portal Operator; and
* maintaining the System Operator’s records of the professional and business details of the Registered Portal Operator and the Operator Officer(s).
 |
| **Documents needed to prove identity**  |
| When using this form to give notice about the appointment of an Operator Officer (under rule 55(1)I of the *My Health Records Rule 2016*), a person nominated to be an Operator Officer must:* Submit certified hard copies of their identification documents via secure courier to the Canberra office at Australian Digital Health Agency, GPO box 9942 Canberra ACT 2601
 |
| **Verifying evidence of identity through certified hard copies** |
| **When completing the form**A person nominated to be an Operator Officer must satisfy the following evidence of identity requirements.* Submit **at least one** Primary Group document provided in the table below as a certified hard copy.
* Submit **at least one** Secondary Group document provided in the table below as a certified hard copy.
* If there is a name discrepancy between documents, the person must also submit a certified hard copy of an Australian Change of Name Certificate to indicate a legal name change.

**Table of supported Primary and Secondary Group documents below:**

|  |  |
| --- | --- |
| **Primary Group** | **Certified Hard Copy Required**  |
| Australian Birth Certificate | Yes |
| Australian Passport | Yes |
| Australian Driver Licence | Yes |
| ImmiCard | Yes |
| **Secondary Group** | **Certified Hard Copy Required** |
| Medicare Card | Yes |
| Australian Change of Name Certificate | Yes |
| Australian Marriage Certificate | Yes |
| Aviation Security Identification Card | Yes |
| Maritime Security Identification Card | Yes |

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**Details:**

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| **Organisation (Portal Operator)** |
| **Organisation name** |  |
| **Organisation address** |  |
| **State** |  | **Postcode** |  |
| **Organisation contact number** |  |
| **ABN** |  | **ACN (if applicable)** |  |
| **Operator Officers** |
| **Details** |
| Please complete the details for at least one Operator Officer.*The My Health Records Rule 2016 (Rule 53) requires Registered Portal Operators to have at least one but not more than three Operator Officers, whose duties include receiving communications from the System Operator about system operation, acting as liaison between the Registered Portal Operator and System Operator, and maintaining System Operator records of the professional and business details of the Registered Portal Operator and Operator Officer(s).* |
| **Operator Officer #1** |
| **Name** |  |
| **Position** |  |
| **Primary contact number** |  |
| **Secondary contact number** |  |
| **Email Address** |  |
| **Availability for contact**  | [ ]  Business hours | [ ]  After hours | [ ]  Anytime |
| **Operator Officer #2** |
| **Name** |  |
| **Position** |  |
| **Primary contact number** |  |
| **Secondary contact number** |  |
| **Email Address** |  |
| **Availability for contact**  | [ ]  Business hours | [ ]  After hours | [ ]  Anytime |
| **Operator Officer #3** |
| **Name** |  |
| **Position** |  |
| **Primary contact number** |  |
| **Secondary contact number** |  |
| **Email Address** |  |
| **Availability for contact**  | [ ]  Business hours | [ ]  After hours | [ ]  Anytime |
| **Evidence of control in Australia***To be eligible to be registered as a Registered Portal Operator, the central management and control[[2]](#footnote-2) of the Portal Operator must be located in Australia at all times while it is registered. Please tick the box below to confirm this is the case.* |
| [ ]  I represent and warrant that the central management and control of the Portal Operator is currently and will be located in Australia at all times if we are registered as a Registered Portal Operator under the *My Health Records Act 2012* (Cth). **Mandatory** |
| **Declaration of compliance** |
| I declare that:[ ]  I apply to the System Operator of the My Health Records system, on behalf of the Portal Operator for registration as a Registered Portal Operator under the *My Health Records Act 2012* (Cth)[ ]  I have full legal authority to make this application on behalf of the Portal Operator and to provide the information required by this form[ ]  The Portal Operator is subject to the *Privacy Act 1988* (Cth) [ ]  I have attached certified copies of relevant documents to support this application[ ]  The information I have provided in this form is complete and correct and not misleading[ ]  I understand that under section 137.1 of the Schedule to the Criminal Code Act 1995 (Cth), giving false or misleading information to your agency or the Commonwealth is a serious offence.[ ]  I acknowledge and understand that in order to be registered as a participant in the My Health Record system, the Portal Operator must comply with the *My Health Records Act 2012* (Cth) and the *My Health Records Rule 2016*.[ ]  I acknowledge and understand that registration as a Registered Portal Operator is subject to entering into the Portal Operator Registration Agreement with the System Operator of the My Health Record system. |

PART B – Test Environment Access Request

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| **Contact information***This information will be used by the System Operator to make contact for general enquiries about your organisation (Portal Operator), app and for technical and testing purposes.* |
|  | **Business Contact** | **Technical/Testing Contact** |
| **Name** |  |  |
| **Position** |  |  |
| **Primary Contact Number** |  |  |
| **Secondary Contact Number** |  |  |
| **Email Address** |  |  |
| **App details***This information will be used by the System Operator to assess your app for My Health Record Test Environment access, technically provision this access and understand how your app’s users will be supported. Please complete all fields.* |
| **App Name** |  |
| **App Type**  | [ ]  Mobile app*(Mobile Applications developed to run natively on a specific mobile device or platform (e.g. iOS, Android))* |
| [ ]  Web app*(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.)* |
| [ ]  Progressive web app*(Web applications that can appear and behave as native applications on mobile devices but do not require installation of the application on the device)* |
| [ ]  Hybrid app*(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))* |
| **Callback URLs***These details are required to ensure your app can communicate with the My Health Record System.* | **URL to receive authentication tokens***(OAuth callback URL is used to handle the OAuth authorization code, and error code for error scenarios, from the My Health Record system)* |  |
| **Is this a new or existing app?**  | [ ]  New |
| [ ]  Existing*(Please specify how long your app has been on the market)* |  |
| **What is the purpose of your app?** |  |
| **Who are the intended users of your app?** |  |
| **What are the health and wellness outcomes that may be achieved by users?** |  |
| **How will your app be made available to users?** *Select all that apply.* *At least one must be selected* | **App Distribution Channel**  | **App Version Number**  |
| [ ]  Apple App Store |  |
| [ ]  Google Play |  |
| [ ]  Other*(Please specify)* |  |  |
| **For web apps, please provide the web URL** |  |
| **How will a user interact with your app solution?***Include the data retrieved from the My Health Record system and how it will produce a health and wellness outcome for the app user* |  |
| **Optionally add any supporting information not covered by the other categories**  |  |
| **myGov Gateway Access (for access to API v2.0.0 onwards)***This information will be used to facilitate your app’s connection to the Services Australia myGov test gateway via ADHA’s VPN. Please complete all fields.* |
| **Details of connecting device**Type and operating system |  |
| **Test VPN access.**To set up VPN access, provide details of each individual who will be testing the applications. |

|  |  |  |
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| Name | Email Address | Mobile number |
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| What controls are on the endpoint to protect the Services Australia environment?  | [ ]  Virus Scanning[ ]  Firewall[ ]  Fully Patched  |
| [ ]  Certification *(Please specify)* |  |
| [ ]  Other *(Please specify)* |  |
| **Who will be accessing the environments?** | [ ]  Staff from other Government Departments[ ]  Staff from External Companies[ ]  Staff from External Developers |
| [ ]  Other *(Please specify)* |  |
| **Has external environment been accredited?** | [ ]  No Accreditation[ ]  Meets ISM Requirements |
| [ ]  Other *(Please specify)* |  |
| **How long is test access required?** |  |
| **Description of requirement and any other controls** |  |
| **Location of testers** If offshore, please indicate the country. If Australia, please indicate the State/Territory. |  |
| **Interaction Model** |
| **Please select the interaction model your app will follow (only select one option)***This information will help us understand how your app will connect to the My Health Record system* |
| **Interaction model** | **Model 1. Consumer / Self-care** | **Model 4. Consumer connection via platform** |
| **Connection diagram** |  |  |
| **Selected model** | [ ]  Model 1  | [ ]  Model 4 |
| **If Model 4 is selected, please provide the name, version number, and Fully Qualified Domain Name (FQDN) of the intermediary server**  | 1. Name of the intermediary server
 |  |
| 1. Version number of the intermediary server
 |  |
| 1. Common Name of the intermediary server certificate
 |  |
| 1. Common Name of the intermediary server certificate issuer (intermediate certification authority)
 |  |
| 1. Common Name of the intermediary server certificate’s root certification authority
 |  |
| **For the interaction model selected, please describe how your app will transact with the My Health Record system**  |  |
| **Note:** Access to the My Health Record Test Environment is granted without limitation to any particular set of FHIR®[[3]](#footnote-3) Gateway interfaces. Please refer to the <https://developer.digitalhealth.gov.au/my-health-record-fhir-gateway> for the list of available interfaces.A list of required interfaces needs to be declared for the subsequent access to the production environment (see *Production Environment Access Request form*). |

**Document checklist:**

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| *Please fill in Part A and Part B of this request form, and provide the following to support your request:* |
| [ ]  **Certified** evidence of legal business (refer to ***Evidence of legal business***) |
| [ ]  Part B app logo (this will be added to the System Operator-hosted consent screens). Note: The logo needs to be provided in colour, PNG format, size 64x64 pixels. |

PART C – My Health Record Test Environment Access Agreement

In consideration of the System Operator agreeing to grant access to the My Health Record Test Environment, the Portal Operator agrees to access the My Health Record Test Environment subject to this My Health Record Test Environment Access Agreement (**Terms**), as executed in Part D.

Part 1 – Defined terms

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| **Parties** | **System Operator** and **Portal Operator** |
| **System Operator** | Name and ABN | **Australian Digital Health Agency** (ABN: 84 425 496 912) in its capacity as System Operator of the My Health Record system. |
|  | Address |  |
|  | Postal Address | Level 25, 175 Liverpool Street, Sydney NSW 2000 |
|  | Contact | [insert] |
|  | Telephone | [insert] |
|  | Email | [insert] |
| **Portal Operator or “you”** | Name and ABN | **[insert full legal name of Portal Operator]** (ABN: [insert]) |
| **Ensure that the legal entity entered is correct for the signatory/ies in Part D.** | Address | [insert] |
|  | Contact | [insert] |
|  | Mobile | [insert] |
|  | Email | [insert] |
|  | Postal Address | [insert] |
| **Start date for access to My Health Record Test Environment** | After the Portal Operator has accepted these Terms, the date that the System Operator gives the Portal Operator notice of access in the form of a My Health Record Test Environment access letter, for access using a technical token issued by the System Operator to the Portal Operator. |
| **End date for access to My Health Record Test Environment** | At the time of expiry of the technical token issued to the Portal Operator, as determined by the System Operator. |
| **My Health Record system** (also referred to as the **My Health Record System Production Environment**) | As defined in section 5, *My Health Records Act 2012* (Cth) |
| **Portal Operator’s Personnel** | Any individual who is an employee, director, officer, agent, contractor, or professional adviser of the Portal Operator, and includes any IT systems contractors engaged to specifically assist the Portal Operator with its development of the app and integration with the My Health Record system. |

Part 2 – Terms for Accessing the My Health Record Test Environment

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| **Item** | **Details** | **Obligations** |
| 1 | Purposes for which the Portal Operator may access the My Health Record Test Environment | 1. To allow the Portal Operator to test the connectivity between its mobile or web applications and the My Health Record Test Environment to simulate connection with the My Health Record system;
2. To allow the Portal Operator and the Portal Operator’s Personnel to familiarise themselves with the simulated functioning of the My Health Record system in a secure My Health Record Test Environment that does not use real or ‘live’ data;
3. To allow the Portal Operator to develop policies and procedures for accessing and using the My Health Record System production environment in anticipation of the Portal Operator being approved by the System Operator to use the My Health Record System production environment and prior to the Portal Operator gaining access to any My Health Records as a Registered Portal Operator; and
4. To allow the Portal Operator to train the Portal Operator’s Personnel, to be able to simulate log-in and use of the My Health Record system as part of their duties within the Portal Operator.
 |
| 2 | Functions that the Portal Operator’s Personnel may carry out in the My Health Record Test Environment | 1. The Portal Operator will be given the ability to familiarise itself with several functions in the My Health Record Test Environment that simulate functions used in the My Health Record System Production Environment. The System Operator will provide the Portal Operator with information on the range of functions that can be carried out, from time to time.
2. If the System Operator provides the Portal Operator with a specified list of authorised transactions, the Portal Operator must not carry out or attempt to carry out any transactions in the My Health Record Test Environment other than those authorised.
 |
| 3 | Data to be used in the My Health Record Test Environment | The Portal Operator must:1. not input or use, and must ensure that no person inputs or uses, any real or ‘live’ data in the My Health Record Test Environment; and
2. ensure that it has effective procedures in place to prevent any real or ‘live’ data being used with or input into the My Health Record Test Environment.

“Real or live” data for the purposes of these Terms means data about any real person, and includes personal information or health information (as those terms are defined in *Privacy Act 1988* (Cth) (**Privacy Act**)), healthcare identifiers or identifying information (as defined in the *Healthcare Identifiers Act 2010* (Cth) (**Healthcare Identifiers Act**) or any other information whatsoever, belonging to an individual, healthcare recipient, healthcare provider or healthcare provider organisation, including other identifying information (as those terms are defined in the *My Health Records Act 2012* (**My Health Records Act**)). The Portal Operator must not, and must ensure the Portal Operator’s Personnel do not, infringe or do, or omit to do anything, which, if done or omitted to be done by the System Operator, would breach any law, including the Privacy Act, or that would put the System Operator in breach of Privacy Act, the HealthCare Identifiers Act or the My Health Records Act. The Portal Operator must promptly notify the System Operator in writing, and in any event, within 24 hours of becoming aware that real or ‘live’ data, has been used with or input into the My Health Record Test Environment.  |
| 4 | Scope of access by the Portal Operator to the My Health Record Test Environment | Subject to the System Operator’s approval of your Test Environment Access Request form and your ongoing compliance with these Terms, the System Operator will grant the Portal Operator with access to the Software Test Environment.If access is unavailable for technical, operational or other reasons, the System Operator will endeavour to notify the Portal Operator. The Portal Operator acknowledges that the My Health Record Test Environment may become unavailable and the System Operator may not be immediately aware of this unavailability. The System Operator excludes all liability for any unavailability of the My Health Record Test Environment.The Portal Operator may only grant or facilitate access to My Health Record Test Environment via the Portal Operator’s Personnel only from or via the Portal Operator’s IT systems. The Portal Operator must not allow any person who is not the Portal Operator’s Personnel to access the My Health Record Test Environment without prior written approval from the System Operator which may be given or withheld in the System Operator’s absolute discretion.  |
| 5 | Information about the Portal Operator’s contractors | The Portal Operator will notify the System Operator about the number and location of each contractor engaged by the Portal Operator, including subcontractors, to undertake the purposes in clause 1 and the functions in clause 2. The Portal Operator acknowledges that other conditions and restrictions may apply to contracting and subcontracting for activities outside the My Health Record Test Environment. |
| 6 | Guidance and training material provided by the System Operator | The System Operator will provide the necessary guidance and training material to allow the Portal Operator to use the My Health Record Test Environment. The Portal Operator is responsible for training and educating the Portal Operator’s Personnel about the Portal Operator’s obligations under these Terms, including the prohibition on use of, or inputting into, the My Health Record Test Environment any real or ‘live’ data. |
| 7 | Costs associated with access to the My Health Record Test Environment | The Portal Operator will bear all costs associated with its access to and use of the My Health Record Test Environment, including any costs for modification of the Portal Operator’s IT systems to enable them to access the My Health Record Test Environment. |
| 8 | Issues with the My Health Record Test Environment | If the Portal Operator or any of the Portal Operator’s Personnel become aware of technical, security or other issues relating to the My Health Record Test Environment, the Portal Operator must promptly notify the System Operator. |
| 9 | Changes to these terms of access to the My Health Record Test Environment | Due to changing technical and operational requirements, the System Operator may need to vary these Terms from time to time.If the System Operator needs to vary these Terms, it will:1. endeavour to give the Portal Operator at least 28 days’ notice of the variations to these Terms; and
2. give the Portal Operator a written copy of the new terms.

If the Portal Operator does not agree with the new terms, the Portal Operator must promptly notify the System Operator in writing that the Portal Operator does not agree to the new terms and either party may then terminate these Terms immediately on written notice to the other party. |
| 10 | Termination  | The System Operator may terminate these Terms effective immediately by giving notice to the Portal Operator if the Portal Operator breaches a material provision of these Terms.Either party may terminate these Terms by giving the other party 10 days’ written notice.If a party gives notice under clause 9 or this clause 10:1. the Portal Operator’s access to the My Health Record Test Environment will be removed on and from the date of termination;
2. the Portal Operator must not, and must ensure that the Portal Operator’s Personnel do not, seek to access the My Health Record Test Environment on and from the date of termination; and
3. the Portal Operator is not entitled to compensation for any losses, liabilities, damages, fines, costs and expenses (including reasonable legal fees on a solicitor/client basis and disbursements and costs of investigation, litigation, settlement, judgment, interest and penalties).
4. Without limiting the System Operator’s rights under clause 9 or this clause 10, these Terms will expire on the End date for access to My Health Record Test Environment specified in Part 1 of these Terms. Clauses 7, 11, 12 and 13 survive termination or expiry of these Terms.
 |
| 11 | Liability | The Portal Operator indemnifies the System Operator, its officers, employees, and agents (each an **Indemnified Person**) from and against any loss, expense, damage or liability:1. incurred by the Indemnified Person; or
2. incurred by the Indemnified Person in dealing with any claim made against it (including legal costs and expenses on a solicitor/own client basis and the cost of time spent, resources used or disbursements paid by an Indemnified Person),

arising in connection with:1. any negligent, tortious or wilful act or omission by the Portal Operator or by the Portal Operator’s Personnel in connection with these Terms which gave rise to that loss, expense, damage or liability; or
2. any breach by the Portal Operator of its obligations under these Terms or any breach of any obligation owed by the Portal Operator in connection with the My Health Record Test Environment.
 |
| 12 Governing Law These Terms are governed by the laws of New South Wales. |
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PART D – Confirmation and execution

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| **INSTRUCTIONS TO Portal Operator**By ticking the applicable options below, you are confirming which parts of the Portal Operator Registration Form you are signing for in this Part D. For example: if you have previously completed testing in the My Health Record Test Environment and you are only submitting an update to the Portal Operator Registration, select Part A. If selecting Part C, the contract becomes binding when you and the System Operator sign this Part D. |
| [ ]  Part A is submitted on behalf of the Portal Operator. |
| [ ]  Part B is submitted on behalf of the Portal Operator.  |
| [ ]  Part C is a contract **EXECUTED** as an agreement. |

**System Operator**

**SIGNED** for and on behalf of

**Australian Digital Health Agency**

ABN 84 425 496 912 on:

*Date*

by:

*Printed name of authorised representative of Agency* *Signature*

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| **INSTRUCTIONS TO Portal Operator**By ticking the signature block below applicable to your legal entity, you are confirming the correct execution and witnessing blocks that apply to your signing of this document. If the applicable signature for your legal entity is not available below, for example signing under Power of Attorney, or for an individual trustee of a trust, or for a partnership, incorporated association or foreign entity, please contact the System Operator. |

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| [ ]  **SIGNATURE BLOCK A: FOR A COMPANY WITH MULTIPLE COMPANY DIRECTORS AND/OR A SECRETARY** |

**Signed for an on behalf of**

Click here to enter text.

ABN Click here to enter text.

in accordance with the requirements of section 127 of the *Corporations Act 2001* on:

*Date*

by:

*Printed name of Director Signature of Director*

and

*Printed name of Director / Secretary Signature of Director / Secretary*

|  |
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| [ ]  **SIGNATURE BLOCK B: FOR A COMPANY WITH A SOLE COMPANY DIRECTOR/SECRETARY** |

**Signed for an on behalf of**

Click here to enter text.

ABN Click here to enter text.

in accordance with the requirements of section 127 of the *Corporations Act 2001* on:

*Date*

by authority of its sole director and secretary:

*Printed name of Sole Director and Secretary Signature of Sole Director and Secretary*

|  |
| --- |
| [ ]  **SIGNATURE BLOCK C: FOR A CORPORATE TRUSTEE OF A TRUST***If yes, please provide the following documents to the System Operator and await directions* ***before*** *signing the PORF:* *• copy of the current trust deed including any amendments; and* *• written confirmation from a beneficiary that:* *- the trust deed and all amendments provided are current and complete; and* *- the Portal Operator is the currently appointed trustee.*  |

**Signed for an on behalf of**

Click here to enter text.

ABNClick here to enter text.

pursuant to section 127 of the *Corporations Act 2001*

in its own capacity and as trustee on

*Date*

by:

*Printed name of Director Signature of Director who represents and warrants that he/she has the authority to bind the Trustee consistent with the terms of the Trust Deed*

and:

*Printed name of Director/Secretary Signature of Director/Secretary who represents and warrants that he/she has the authority to bind the Trustee consistent with the terms of the Trust Deed*

Appendix A – Persons who may certify documents

|  |
| --- |
| These people can certify your documents |
| 1. A person who is currently licensed or registered under a law to practice in one of the following occupations:
 |

|  |  |
| --- | --- |
| * Architect
* Chiropractor
* Dentist
* Financial adviser or financial planner
* Legal practitioner
* Medical practitioner
* Midwife
* Migration agent registered under Division 3 of Part 3 of the *Migration Act 1958*
 | * Nurse
* Occupational therapist
* Optometrist
* Patent attorney
* Pharmacist
* Physiotherapist
* Psychologist
* Trade marks attorney
* Veterinary surgeon.
 |

|  |
| --- |
| 1. A person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described).
 |
| 1. A person who is in the following list:
 |

|  |
| --- |
| * Accountant who is a fellow of the National Tax Accountants’ Association
* Accountant who is a member of any of the following:
	+ Chartered Accountants Australia and New Zealand
	+ the Association of Taxation and Management Accountants
	+ CPA Australia
	+ the Institute of Public Accountants
* Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
* APS employee engaged on an ongoing basis with 5 or more years of continuous service who is not specified in another item of this list
* Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
* Bailiff
* Bank officer with 5 or more continuous years of service
* Building society officer with 5 or more years of continuous service
* Chief executive officer of a Commonwealth court
* Clerk of a court
* Commissioner for Affidavits
* Commissioner for Declarations
* Credit union officer with 5 or more years of continuous service
* Employee of a Commonwealth authority engaged on a permanent basis with 5 or more years of continuous service who is not specified in another item in this list
* Employee of the Australian Trade and Investment Commission who is:
	+ in a country or place outside Australia and
	+ authorised under paragraph 3(d) of the *Consular Fees Act 1955* and
	+ exercising the employee’s function at that place
* Employee of the Commonwealth who is:
	+ at a place outside Australia and
	+ authorised under paragraph 3(c) of the *Consular Fees Act 1955* and
	+ exercising the employee’s function at that place
* Engineer who is:
	+ a member of Engineers Australia, other than at the grade of student or
	+ a Registered Professional Engineer of Professionals Australia
	+ registered as an engineer under a law of the Commonwealth, a state or territory
	+ registered on the National Engineering Register by Engineers Australia
* Finance company officer with 5 or more years of continuous service
* Holder of a statutory office not specified in another item of this Part
* Judge
* Justice of the Peace
* Magistrate
* Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
* Master of a court
* Member of the Australian Defence Force who is:
	+ an officer or
	+ a non commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service
	+ a warrant officer within the meaning of that Act
* Member of the Australasian Institute of Mining and Metallurgy
* Member of the Governance Institute of Australia Ltd
* Member of:
	+ the Parliament of the Commonwealth or
	+ the Parliament of a state or
	+ a territory legislature or
	+ a local government authority
* Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
* Notary public, including a notary public (however described) exercising functions at a place outside:
	+ the Commonwealth and
	+ the external Territories of the Commonwealth
* Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office providing postal services to the public
* Permanent employee of:
	+ a state or territory authority or
	+ a local government authority

with 5 or more years of continuous service, other than such an employee who is specified in another item of this list* Person before whom a statutory declaration may be made under the law of the state or territory in which the declaration is made
* Police officer
* Registrar, or Deputy Registrar, of a court
* Senior executive employee of a Commonwealth authority
* Senior executive employee of a State or Territory
* SES employee of the Commonwealth
* Sheriff
* Sheriff’s officer
* Teacher employed on a permanent full time or part time basis at a school or tertiary education.
 |

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1. FHIR is a registered trademark of Health Level Seven International. [↑](#footnote-ref-1)
2. Central management and control are in Australia if the Portal Operator’s senior managers are ordinarily residents in Australia and all decisions which affect the Portal Operators operations are made in Australia. Senior managers are employees who make, or participate in making, decisions that affect the Portal Operator’s operations. [↑](#footnote-ref-2)
3. FHIR is a registered trademark of Health Level Seven International. [↑](#footnote-ref-3)