Healthcare Identifiers Service

Conformance Vendor Declaration Form

7 July 2025 v5.0

Approved for external use

Reference Number: CRM Reference Number

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| This form facilitates a vendor’s declaration that their software product conforms to the mandatory and relevant conditional requirements stated in section 2.3 of the *Healthcare Identifiers Service - Conformance Profile.* | | | | | | | |
| **Vendor instructions: This form is for vendors to declare that their software conforms to the mandatory and relevant conditional requirements of the Healthcare Identifiers Service - Conformance Profile v5.0** | | | | | | | |
| Please check prefilled content in section 2, 3 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 | |
|  | | | | | |  | |
| **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 | | v3.2.0 |
| 14 | Manage provider Organisation Details | | | | v3.2.0 | | v3.2.0 |
| 15 | Read Provider or Administrative Individual Details | | | | v3.2.0 | | v3.2.0 |
| 16 | Read Provider Organisation Details | | | | v3.2.0 | | 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 | | 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 | | v4.0.0 |
| 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 | | | | v5.1.0 | | v5.1.0 |
| 34 | Search for Provider Organisation Batch Asynchronous | | | | v5.1.0 | | v5.1.0 |
| **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.131 – Validate HPI-I via the HI Service | | | |
| UC.010 – Register patient | | | | UC.150 – Register network HPI-O | | | |
| UC.011 – Request verified IHI for newborn | | | | UC.241 – Search for HPI-Os in the HI Service HPD | | | |
| UC.015 – Update patient health record in the local system | | | | UC.245 – Search and validate HPI-I in the HI Service HPD | | | |
| UC.016 – Update patient details in the HI Service | | | | UC.305 – Validate HPI-O | | | |
| UC.025 – Bulk update of IHI details | | | | UC.306 – Get HPI-O status | | | |
| UC.035 – Merge patient health records | | | | UC.320 – Request an electronic message/document | | | |
| UC.045 – Logon to software system | | | | UC.325 – Receive an electronic message/document | | | |
| UC.080 – Maintain HPI-O details | | | | UC.330 – Send an electronic message/document | | | |
| **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 *Healthcare Identifiers Service - 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 to be 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)*)*  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 | |
| **SECTION 3.1 Healthcare Identifiers Service - Register of conformity** | |
| I have read and agree to the Vendor [Terms and Conditions on the Register of Conformity](https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record/conformant-clinical-software-products) webpage <https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record/conformant-clinical-software-products> | |
| **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.  **Signatory details** | |
| Name of issuer or authorised representative |  |
| Signature |  |
| Role |  |
| Date (day/month/year) |  |