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)*)*   |  | | --- | | *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* | | |
| 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)   |  | | --- | | *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) | | |
| 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)* | |