My Health Record

Portal Operator – Production Environment Access Request Form

24 October 2024 v3.9

Approved for external use

Document ID: DH-4017:2024



***Note:*** This document must be read in conjunction with the Portal Operator Registration Agreement (PORA)

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| **Purpose of this form**  The purpose of this form is for mobile app 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 Records Act 2012, Healthcare Identifiers Act 2010, Privacy Act 1988* and associated rules, regulations and 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](mailto: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 Australian Digital Health Agency (the Agency) in our capacity as the System Operator of the My Health Record System authorised under s14(1)(b) the *My Health Records Act 2012* and prescribed under reg2.1.1 of the *My Health Records Regulations 2012*  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 or where disclosure is permitted by an Australian law as described in the Agency’s [Privacy Policy](https://www.digitalhealth.gov.au/about-us/policies-privacy-and-reporting/privacy-policy) . 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 your 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.digitalhealth.gov.au/about-us/policies-privacy-and-reporting/privacy-policy](http://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 via the My Health Record website:  [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 [help@digitalhealth.gov.au](mailto:help@digitalhealth.gov.au). |

**Organisation and App Details**

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| 1. **Type of Production Environment Access Request** | | | | | | | | | | | | | |
| * 1. **Please indicate the nature of your Production Environment Access request**   *If A is selected, please complete all questions in this form.* | 1. **First request** for Production Environment access 2. Existing app in Production Environment – **change or upgrade** 3. 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**  *(This information will be used to assess whether your app will need to re-complete Notice of Connection (NOC) testing)* | | | | | | | | | | | | |
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| 1. **Organisation Head Office Details**   *This information will be used by the System Operator to identify your organisation. Please complete all fields.* | | | | | | | | | | | | | |
| * 1. **Organisation Name** |  | | | | | | | | | | | | |
| * 1. **Organisation Address (Head Office)** |  | | | | | | | | | | | | |
| **State** |  | | | | **Postcode** | |  | | | | | |
| * 1. **Organisation Contact Number** |  | | | | | | | | | | | | |
| * 1. **ABN** |  | | | | | * 1. **ACN**   **(if applicable)** | |  | | | | | |
| 1. **Contact Information**   *This information will be used by the System Operator for My Health Record related correspondence. Please complete all relevant fields.* | | | | | | | | | | | | | |
| * 1. **Contacts**   *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.*  ***Note:*** *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.* | | | | | | | | | | | | | |
| * + 1. **Business Hours** | | | | | | | | | | | | | |
|  | **Primary Contact Person** | | | | | | | **Secondary Contact Person** | | | | | |
| **Name** |  | | | | | | |  | | | | | |
| **Position** |  | | | | | | |  | | | | | |
| **Primary Contact Number** |  | | | | | | |  | | | | | |
| **Secondary Contact Number** |  | | | | | | |  | | | | | |
| **Email Address** |  | | | | | | |  | | | | | |
| * + 1. **After Hours**   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** |  | | | | | | |  | | | | | |
| 1. **App Details**   *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.* | | | | | | | | | | | | | |
| * 1. **App Name**  1. *Exact name of the app as referred to in the App Store and/or Google Play and System Operator hosted consent screens* | | | | | | | |  | | | | | |
| * 1. **App Type** | *(Mobile Applications developed to run natively on a specific mobile device or platform (e.g. iOS, Android))* | | | | | | | | | | | |
| *(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.)* | | | | | | | | | | | |
| *(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 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))* | | | | | | | | | | | |
| * 1. **Call back URLs**   *These details are required to ensure your app is able to communicate with the My Health Record system* | **URL to receive authentication tokens**  *(OAuth call back URL is used to handle the OAuth authorization code, and error code for error scenarios, from the My Health Record system)* | | | | | | |  | | | | |
| **URL to receive push notifications**  *(Push notification call back URL is used to handle push notifications from the My Health Record system)* | | | | | | |  | | | | |
| * 1. **A short description of the purpose of your app, and attach the app’s Use Cases or User Stories**   *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:*   1. *How a consumer interacts with the app and the My Health Record data/system to produce a health or wellness outcome.* 2. *Which third parties (if any) will access the data retrieved, detailing the expected consumer benefits?* | |  | | | | | | | | | | |
| * 1. **What customer support channels will support your app users?**   *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.* | | | | | | | | | | | | |
| **Customer Support Channel**  *(Select all that apply)* | **Support Details**  *(e.g. contact number, email address, web address)* | | | | | | | | **Hours of Support**  *(e.g. 24 hours, 9:00 – 17:00 AEST)* | | | |
| Contact help desk |  | | | | | | | |  | | | |
| Email |  | | | | | | | |  | | | |
| Online live chat |  | | | | | | | |  | | | |
| In-app support  *(e.g. FAQ, online query form)* |  | | | | | | | |  | | | |
| Other channel  *Please provide further information* |  | | | | | | | | | | | |
| * 1. **For mobile apps, how will your app be made available to users?** | **App Distribution Channel** | | | | | | **App Version Number**  *This must be the same version that has successfully completed Notice of Connection (NOC) testing and requires My Health Record Production Environment access.* | | | | | |
| Apple App Store | | | | | |  | | | | | |
| Google Play | | | | | |  | | | | | |
| Other  (*Please specify)* | |  | | | |  | | | | | |
| * 1. **For web apps, please provide the web URL** |  | | | | | | | | | | | |
| * 1. **Will representatives be able to access a My Health Record using your app?**   *Refer to the*  [Glossary | Australian Digital Health Agency](https://www.digitalhealth.gov.au/support/glossary)  *for definitions of representative types* | Authorised Representatives only | | | Nominated Representatives only | | | | Both Authorised and Nominated Representatives | | None, no representative access | | |
| **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).** | | | | | | | | | | | |
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| * 1. **Will your app provide users the ability to share their MHR data outside the app?**   **If Yes provide screenshots of design and features demonstrating the share function.** | Yes  No | | | | | | | | | | | |
| **5. Interaction Model and Requested APIs** | | | | | | | | | | | | |
| **5.1 Please select the interaction model that is applicable for your app** | Consumer / self-care | | | | | | | Consumer connection via platform | | | | |
| **5.2 If Model 4 is selected, please provide the name and version number of the intermediary server** | 1. Name of the intermediary server | | | | | | |  | | | | |
| 1. 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.**  *(The certificates need to be Gatekeeper certified. [[1]](#footnote-1))* | 1. Common Name of the intermediary server certificate | | | | | | |  | | | | |
| 1. Common Name of the intermediary server certificate’s issuer (intermediate certification authority) | | | | | | |  | | | | |
| 1. Common Name of the intermediary server certificate’s root certification authority | | | | | | |  | | | | |
| *Please attach digital certificates for each of the following:*   * *intermediary server* * *intermediary server certificate's issuer* * *any remaining intermediate CAs in the chain of trust to the Root CA* * *Root CA.* | | | | | | | | | | | |
| 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**  *Please refer to* <https://developer.digitalhealth.gov.au/my-health-record-fhir-gateway> *for the list of available interfaces* | | | | | | | | | | | | |
| 1. **Select the applicable My Health Record APIs** | | | | | 1. **Specify the API version number** | | | | | | | |
| Individual Initial Authentication | | | | | Not applicable | | | | | | | |
| Get or Refresh Token | | | | | Not applicable | | | | | | | |
| Get Record List | | | | |  | | | | | | | |
| Get Patient Details | | | | |  | | | | | | | |
| Search Document List | | | | |  | | | | | | | |
| Get Personal Health Summary (Allergies) | | | | |  | | | | | | | |
| Get Personal Health Summary (Medications) | | | | |  | | | | | | | |
| Get Allergies List (SHS) | | | | |  | | | | | | | |
| Get PBS Items | | | | |  | | | | | | | |
| Get MBS Items | | | | |  | | | | | | | |
| Get Prescription and Dispense List (Medication Order) | | | | |  | | | | | | | |
| Get Prescription and Dispense List (Medication Dispense) | | | | |  | | | | | | | |
| Get Document | | | | |  | | | | | | | |
| Get Immunisation Statement | | | | |  | | | | | | | |
| Get XML View | | | | |  | | | | | | | |
| Get Medical Conditions View | | | | |  | | | | | | | |
| Get Emergency Contact | | | | | 3.0.0 | | | | | | | |
|  | | | | | | | | | | | | |
| **5.5 If the Get Document API was selected in Question 5.4 above, please specify which documents will be accessed and/or shared and a justification for each** | | | | | | | | | | | | |
| 1. **Select the applicable document(s)** | | | | | | | | | | | | |
| ***Clinical records*** | | | | | | | | | | | ***View*** | ***Share*** |
| Shared Health Summary | | | | | | | | | | |  |  |
| e-Referral | | | | | | | | | | |  |  |
| Specialist Letter | | | | | | | | | | |  |  |
| Discharge Summary | | | | | | | | | | |  |  |
| Event Summary | | | | | | | | | | |  |  |
| Diagnostic Imaging Report | | | | | | | | | | |  |  |
| Pathology Report | | | | | | | | | | |  |  |
| ***Medicine records*** | | | | | | | | | | | ***View*** | ***Share*** |
| eHealth Prescription Record | | | | | | | | | | |  |  |
| eHealth Dispense Record | | | | | | | | | | |  |  |
| Pharmacist Shared Medicines List | | | | | | | | | | |  |  |
| ***Personal health information*** | | | | | | | | | | | ***View*** | ***Share*** |
| Personal Health Note (Consumer apps only) | | | | | | | | | | |  |  |
| Personal Health Summary | | | | | | | | | | |  |  |
| ***Advance care planning*** | | | | | | | | | | | ***View*** | ***Share*** |
| Advance Care Planning Document | | | | | | | | | | |  |  |
| Advance Care Directive Custodian Record (also referred to as Advance Care Document Custodian) | | | | | | | | | | |  |  |
| Goals of Care Document | | | | | | | | | | |  |  |
| ***Childhood development information*** | | | | | | | | | | |  |  |
| Consumer Entered Achievements (Consumer apps only) | | | | | | | | | | |  |  |
| Consumer Entered Measurements | | | | | | | | | | |  |  |
| Child Parent Questionnaire | | | | | | | | | | |  |  |
| ***Medicare records*** | | | | | | | | | | | ***View*** | ***Share*** |
| Medicare/DVA Benefits Report | | | | | | | | | | |  |  |
| Pharmaceutical Benefits Report | | | | | | | | | | |  |  |
| Australian Organ Donor Register | | | | | | | | | | |  |  |
| Australian Immunisation Register | | | | | | | | | | |  |  |
| ***Transfer Summary*** | | | | | | | | | | | ***View*** | ***Share*** |
| Residential Care Transfer Reason | | | | | | | | | | |  |  |
| Residential Care Health Summary | | | | | | | | | | |  |  |
| Residential Care Medications Chart | | | | | | | | | | |  |  |
| ***Care or Support Plan*** | | | | | | | | | | | ***View*** | ***Share*** |
| Aged Care Support Plan | | | | | | | | | | |  |  |
| ***Other*** | | | | | | | | | | | ***View*** | ***Share*** |
| Other (*Please specify*) | | | | | | | | | | |  |  |
| **5.6 If the Get Immunisation Statement was selected in Question 5.4 above, please specify which documents will be accessed and/or shared and a justification for each** | | | | | | | | | | | | |
| 1. **Select the applicable document(s)** | | | | | | | | | | | | |
| ***Medicare records*** | | | | | | | | | | | ***View*** | ***Share*** |
| Complete immunisation history statement | | | | | | | | | | |  |  |
| COVID-19 and influenza (flu) immunisation history statement | | | | | | | | | | |  |  |
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| **5.7 If the Get XML View was selected in Question 5.4 above, please specify which views will be accessed and a justification for each.**  **Note: There are different versions of the views particularly for pathology report, please select the version(s) that will be used.** |
| **Select the applicable View(s) and version(s) that will be used.** |
| ***Views*** |
| Pathology Report  Version(s) to be used:   |  |  |  |  | | --- | --- | --- | --- | | Select Version | View Type | View Version | Description | |  | Pathology View | 2.0 | Returns all Pathology clinical documents following the 7-day delay except  for COVID Pathology documents, which are returned with only a  0-day delay (configurable). | |  | Pathology View | 3.0 | Returns only COVID Pathology clinical documents following  a 0-day delay (configurable). | |
| Diagnostic Imaging  Version(s) to be used:   |  |  |  |  | | --- | --- | --- | --- | | Select Version | View Type | View Version | Description | |  | Diagnostic Imaging View | 1.0 | Returns all relevant Diagnostic Imaging clinical documents | |
| MyMedicare (MyGP)  Version(s) to be used:   |  |  |  |  | | --- | --- | --- | --- | | Select Version | View Type | View Version | Description | |  | MyMedicare | 1.0 | Returns all the relevant My Medicare documents. | |

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| **6. Supporting Information and Acknowledgement** | | | | |
| **6.1 Supporting Documents and Information**  *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.* | | | | |
| **6.1.1 Consent** | | | | |
| *Attachments must include:*   * All screenshots that demonstrate how your app will gather consent, covering the consent flows described in the *My Health Record FHIR Gateway – Consent Requirements and Guidelines*. * 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** | | | | |
| *Attachments must include:*  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 at  <https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record> | | | | |
|  | | | | |
| **6.2 Are there any special conditions that your organisation would like considered when requesting My Health Record Production Environment access?** | | | | |
| *(Please specify)* |  | | | |
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| **6.3 Acknowledgement** | | | | |
| I declare that the information I have provided in this form is true and correct to the best of my knowledge.  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.  I declare that the app named in this application complies with all relevant Australian laws pertaining to the Healthcare Identifiers Service, My Health Record system, Privacy Act and associated rules and regulations.  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.  I declare that effective security controls are in place to mitigate the security risks associated with the solution. | | | | |
| **Name** | |  | | |
| **Position** | |  | **Date** |  |
| **Signature** | |  | | |

**Document checklist:**

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| **Please fill in this request form, and provide the following documents to support your request:** |
| Use Case related material – refer to section 4.4. |
| Digital certificates – refer to section 5.3 |
| Consent related material – refer to section 6.1.1. |
| My Health Record Branding – refer to section 6.1.2. |
| Access Revocation instructions -- refer to section 6.1.3. |
| Design related material for Share function – refer to section 4.9 |

**Publication date:** 24 October 2024 This date should be the latest approval date. If the document has been through multiple approvals/releases, include a version history table as the last section above.

**Australian Digital Health Agency** ABN 84 425 496 912, Level 25, 175 Liverpool Street, Sydney, NSW 2000 [digitalhealth.gov.au](http://www.digitalhealth.gov.au/)

Telephone 1300 901 001 or email [help@digitalhealth.gov.au](mailto:help@digitalhealth.gov.au)

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Acknowledgements

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1. Please refer to the following website for more information on Gatekeeper certification [https://www.dta.gov.au/our-projects/digital-identity/gatekeeper-public-key-infrastructure-framework](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dta.gov.au%2Four-projects%2Fdigital-identity%2Fgatekeeper-public-key-infrastructure-framework&data=05%7C01%7CMark.Knipe%40digitalhealth.gov.au%7Ce96cb0e5d5f347d6843708db154d93dd%7C49c6971ed0164e1ab04195533ede53a1%7C0%7C0%7C638127195148868252%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=wdfxtVMR%2FZeWFGyUyw5KCRj8q%2BR7CzpG8S0RnOo%2BnGg%3D&reserved=0) [↑](#footnote-ref-1)