

My Health Record registration checklist

Instructions for completing the checklist.

1. Complete the checklist questions below only if you are a CEO, General Manager or an authorised representative of an organisation undertaking residential aged care and can act on behalf of your organisation.
2. Please respond to all the questions in the relevant fields (yellow fill) to the best of your knowledge.
3. For information on completing the checklist, please refer to the guidance below.
4. Please return the completed checklist directly to the Registration Support team at MHR.Registration.RAC@digitalhealth.gov.au or call 02 6223 0741 for assistance.
5. Refer to the relevant support resources to assist your registration journey.

Relevant support resources

1. [Digital Health in Aged Care](#)
2. [My Health Record in Aged Care](#)
3. [My Health Record Glossary](#)

| My Health Record registration checklist | | |
|---|--|-------|
| Name: | | |
| Position: | | |
| Organisation and/or trading name: | | |
| Number of facilities: | | Date: |
| Facility name/s: | | |

| Ref# | Checklist questions | Yes/No/Unsure |
|------|---|---------------|
| 1 | Has your organisation established a My Health Record security and access policy, and communicated the policy to all employees who will be authorised to access the My Health Record system? | |
| 2 | Are you aware of the roles and responsibilities of a Responsible Officer (RO) and an Organisational Maintenance Officer (OMO)? | |
| 3 | Have your RO and OMO(s) registered for Provider Digital Access (PRODA) accounts? | |
| 4 | Do you have a Healthcare Provider Identifier – Organisation (HPI-O) number? | |
| 5 | If your organisation is registered with the My Health Record system, has each facility been registered as a network organisation under your seed organisation? (<i>Only applicable for organisations with more than one facility</i>) | |
| 6 | How does/how will your organisation access My Health Record: (Select one of the two options 6a or 6b below)? | |
| 6a | Via the National Provider Portal | |
| 6b | Or using your conformant clinical software | |
| 7 | Do you employ at least one staff member who is eligible for a Healthcare Provider Identifier – Individual (HPI-I) in each of your facilities? | |
| 8 | Have you utilised the Agency’s post-registration education and training resources? | |

| What clinical software (CIS and/or EMMS) do you use in the care of your residents? | |
|--|--|
| Clinical Information System (CIS) software provider | |
| CIS software product and version (if known) | |
| Electronic Medication Management System (EMMS) software provider | |
| EMMS software product and version (if known) | |