



Healthcare Identifiers Act 2010 legislative framework reforms

Frequently Asked Questions

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About healthcare identifiers

Healthcare Identifiers are unique 16-digit numbers assigned to patients, healthcare providers, and healthcare provider organisations, enabling seamless connections across various healthcare settings to make sure that the right information is linked to the right people, wherever they provide or receive healthcare.

This gives healthcare providers and patients confidence that they are using correctly matched information, reducing risks of incorrect treatment, diagnostic testing duplication, medication errors and poor clinical handover that compromises quality and safety of care. Healthcare Identifiers (HIs) play a vital role in supporting the delivery of national digital health initiatives, such as My Health Record, electronic prescribing, and the recording of vaccinations through the Australian Immunisation Register.

There are currently three types of Healthcare Identifiers:

- **Individual Healthcare Identifier (IHI):** An IHI is used to identify an individual healthcare recipient. This identifier is automatically assigned to individuals who are eligible for Medicare and Department of Veterans Affairs (DVA) benefits. It can also be obtained upon request by other individuals, such as visitors and new migrants.
- **Healthcare Provider Identifier – Individual (HPI-I):** An HPI-I is used to identify an individual healthcare provider, such as a general practitioner, specialist, or allied health practitioner.
- **Healthcare Provider Identifier – Organisation (HPI-O):** An HPI-O is used to identify a healthcare provider organisation, such as a hospital or general practice.

Overview

1. Why are changes being made to the Healthcare Identifiers Act 2010?

The *Healthcare Identifiers Act 2010* (Cth) (HID Act) establishes a process for assigning healthcare identifiers to healthcare recipients and providers and authorises who can use healthcare identifiers and the purposes for which they can be used. However, feedback from consultation and recommendations from previous reviews shows that the HID Act is too narrow and not well-understood, which limits the effectiveness of the Act and hinders the widespread use of healthcare identifiers.

2. What changes are being made?

Changes to the *Healthcare Identifiers Act 2010* (HID Act) are being implemented in phases, including:

Phase 1: Amendments to the HID Act under the Aged Care and Other Legislation Amendments Act 2025

The Bill was passed by the Commonwealth Parliament on 4 September 2025, and its amendments will take effect on 1 November 2025. Consequential changes to the Healthcare Identifiers Regulations 2020 (HID Regulations) are also being progressed. The amendments aim to enhance the use of Healthcare Identifiers (HIs) by:

- expanding the types of providers who can be assigned a HI, with the introduction of new authorisations for:
 - Healthcare Support Service Providers Organisations (HSP-O)
 - Healthcare Administration Entities (HAE)
- clarifying and broadening the purposes for which HIs can be used.

These changes enable HIs to be used by aged and disability care providers and a wider range of allied health professionals, as well as for health-related administrative purposes.

Phase 2: Proposed Amendments to the HID Act in the Regulatory Reform Omnibus Bill 2025 (Omnibus Bill)

Further amendments to the HID Act will be delivered as part of a Department of Finance-led Omnibus Bill. These proposed amendments aim to position the HID Act as the foundation for an interoperable, digitally connected national health system by:

- updated authorisations for health technology solutions
- enhancing the Healthcare Provider Directory (HPD) to support more efficient communication among providers
- providing legal authority to establish health information and data standards.

3. Do the changes affect the privacy of an individual's health information?

No. The changes do not give anyone access to additional health information.

The phase 1 changes allow healthcare support providers and healthcare administration entities to add healthcare identifiers to the information they already have.

The changes in phase 2 also enable healthcare recipients and providers to attach identifiers to health and health-related information they can already lawfully access and will allow the health technology solutions they rely on to also use healthcare identifiers.

Access to health information remains protected by other laws such as the Privacy Act 1988 (Cth) and the *My Health Records Act 2012* (Cth) (MHR Act).

HID Act changes under the Aged Care and Other Legislation Amendments Act 2025

4. What are HSP-Os, who can be assigned one, and what will they be able to do?

The phase 1 changes introduce a new healthcare identifier for healthcare support service provider organisations (HSP-O). These organisations provide services and support for older Australians and people with disability, such as in-home care and personal care services. These types of services are not currently eligible for an HPI-O because they typically do not employ providers with an HPI-I.

Healthcare support service provider organisations (HSP-Os) will not access health information, but they will be able to add healthcare identifiers, like an Individual Healthcare Identifier (IHI), to the information they already hold about the care planned and provided to their clients. This will help link existing records, improving data matching and administrative efficiency.

Initially, only government-funded aged care and registered disability service providers eligible for the National Disability Insurance Scheme (NDIS) can obtain an HSP-O identifier.

5. What are HAEs and what they will be able to do?

A new category of entity will be authorised to use healthcare identifiers - Health Administration Entities (HAEs), who provide administrative support for health services and programs without delivering direct clinical care. HAEs play a crucial role in supporting, improving, and facilitating healthcare through their administrative functions.

HAEs perform important functions including ensuring health information is accurately associated with the correct patient, managing data quality, handling claims and payment processes, managing incidents and complaints, and undertaking analysis of health programs for population-health purposes. They will not be eligible for a HI but will be authorised to handle them on behalf of providers and patients.

The Minister for Health and Ageing will authorise entities as HAEs, with possible delegation to senior officials. Examples of potential HAEs include the National Disability Insurance Agency, the Australian Institute for Health and Welfare, and Primary Health Networks.

6. Which allied health professionals will be eligible for HPI-Is?

A broader range of allied health professionals will now be eligible for Health Professional Identifier (HPI-I) registration. This includes practitioners with the minimum tertiary qualification recognised by their professional bodies, which must also oversee their practice. This change aims to better reflect the needs of allied health professionals, allowing roles such as speech pathologists, dietitians, and sonographers to qualify for HPI-Is.

Additionally, there will be a streamlined process for non-Australian Health Practitioner Regulation Agency (Aphra) registered allied health professionals. While those registered with Ahpra automatically receive an HPI-I, others must apply individually. The new legislation will enable professional bodies to apply for HPI-Is on behalf of their members with their consent, simplifying the process.

Proposed changes to the HID Act in the Regulatory Reform Omnibus Bill 2025 (Omnibus Bill)

7. What will healthcare recipients and technology providers be able to do?

Proposed changes to the HID Act will enable healthcare recipients to consent to their Individual Healthcare Identifier (IHI) being used and disclosed to healthcare providers, health technology providers and healthcare administration entities to support mobile health or online computer applications, as well as wearable devices for health monitoring and other in-home health monitoring equipment. As a result, authorised healthcare providers will be able to monitor and communicate more effectively and efficiently regarding their patients' progress.

Technology providers that meet specific conformance requirements will be authorised to use consumers' IHIs for managing, communicating, or monitoring health information. Healthcare recipients will also have the option to allow their IHI to be used by entities conducting approved or authorised health or health-related research.

8. Why are the insurance and employment prohibitions being removed?

The HID Act enables the collection, use and disclosure of individual healthcare identifiers (IHIs) for the purpose of communicating or managing health information as part of providing healthcare to a person. However, it prevents the use of IHIs when underwriting or determining insurance contracts or when managing or communicating health information when employing a person.

This prohibition was originally introduced to address concerns that insurers or employers might use IHIs to access information in a consumer's national personal electronic health record, to influence decisions about insurance or employment eligibility.

The intent was never to prevent IHIs from being linked to health information that might result from insurance or employment processes, including care provided via an insurer or employer.

Strict prohibitions prevent the use of information accessed via the My Health Record system being used for decisions related to insurance or employment of a person. As the MHR Act protects information from being used by insurers and employers, the prohibitions in the HID Act are no longer required.

9. What does the removal of insurance and employment prohibitions mean for healthcare recipients?

Removing the prohibition will not enable employers or insurers to access any additional health information they are not already legally authorised to access. The changes mean that consumers' healthcare identifiers can attach to their health information even if it is being used for insurance or employment purposes.

Amendments to the MHR Act will strengthen the existing prohibitions which prevent insurers and employers from using health information obtained via a consumer's My Health Record. In addition, the *Privacy Act 1988* continues to apply to protect access to health information.

10. What is the Health Provider Directory (HPD), and who will be able to see it?

The HPD is a core element of the existing Healthcare Identifiers framework, providing for a central collection of professional and business information of individual healthcare providers and provider organisations across Australia. Currently, only healthcare providers may access the HPD to find out details about other providers for the purpose of communicating information about healthcare and support services provided to healthcare recipients. In the future, the HPD will also support the authorisation of healthcare providers to access digital health capabilities such as My Health Record, electronic requesting, referrals and prescribing.

Changes to the HID Act will enable the operator of the HPD to collect, use and disclose healthcare provider identifiers, identifying information and other professional and business details for the purposes of the HPD. Health administration entities prescribed by the Minister for Health will also be able to access information in the HPD for health administration purposes.

A new regulation-making power will enable regulations to prescribe entities that may access the HPD and the purposes for which they may access it. Regulations may also prescribe the information the HPD must contain.

Healthcare recipients do not have access to the HPD.

11. Can healthcare providers ask for their information not to appear in the Health Provider Directory (HPD)?

Yes. Identified healthcare providers may request that some or all of their information not appear in the HPD. The process for managing such requests may be prescribed in the regulations made under the HID Act.

If a healthcare provider requests that their personal information not be disclosed to other providers in the HPD, the operator of the HPD must comply with that request.

12. Why is a data standards-making power needed and how will it work?

Australia's healthcare system is siloed and fragmented, with no standardised approach to the storage or communication of health information.

Healthcare identifiers support the unique and consistent identification of consumers, individual healthcare providers and healthcare organisations.

Standards ensure that information can safely and accurately be read and interpreted when shared electronically.

Work is currently underway to develop agreed national standards that will facilitate the movement of health information securely and accurately across care settings. Changes to the HID Act would support this work by including a power for the Secretary of the Department of Health, Disability and Ageing, or delegate, to make

data standards concerning clinical terminology, the format, description, storage and disclosure of clinical information, system interoperability and other matters prescribed in regulations.

The standards-making power is enabling only and not mandatory. However, future digital health policies and laws may require conformance to standards. Providing a legislative basis for making standards will provide certainty and clarity for industry, who will be able to rely on published standards when designing and delivering health technology solutions going forward. It would also offer industry sufficient lead time to build standards conformance into their business cases and IT roadmaps, prior to the implementation of other laws or policies requiring those standards be adhered to.

The HID Act will also include a power to make rules prescribing the process for making the standards, including consultation requirements, and governance and oversight. The intention is to codify current processes and oversight mechanisms developed in consultation with industry.