



# Healthcare Identifiers Act 2010 legislative framework reforms

## Frequently Asked Questions

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# About healthcare identifiers

Healthcare Identifiers (HIs) 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. 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.

From 1 November 2025, there are four types of HIs:

- **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.
- **Healthcare Support Service Provider – Organisation (HSP-O):** An HSP-O is a new HI used to identify organisations providing health-related support services, including care and support for older Australians and people with disability (see **question 4** below).

## Overview

### 1. Why have changes been made to the Healthcare Identifiers Act 2010?

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

### 2. What are the changes?

Recent changes to the HID Act were made in two phases in 2025 and will be implemented over the next couple of years:

#### **Phase 1: Amendments to the HID Act under the Aged Care and Other Legislation Amendments Act 2025 (ACOLA Act)**

Amendments made by the ACOLA Act took effect on 1 November 2025. Consequential changes to the *Healthcare Identifiers Regulations 2020* (HID Regulations) were also made. The amendments enhance the use of HIs by:

- expanding the types of providers who can be assigned HIs, 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: Amendments to the HID Act in the Regulatory Reform Omnibus Act 2025 (Omnibus Act)**

These changes reinforce the role of 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.

Changes made by the Omnibus Act became effective in December 2025, except for the authorisations for health technology solutions which will not be in effect until 1 February 2027 – see **question 7** below.

### **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 HIs 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 HIs.

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?**

HSP-Os are HIs for organisations that provide health-related services, including supports for older Australians and people with disability, such as in-home care and personal care services. These types of services are not eligible for an HPI-O because they typically do not employ providers with or eligible for an HPI-I.

Entities with a HSP-O will not access health information and will not have access to My Health Record, but they will be able to add HIs, like an 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.

Work is underway to develop an efficient process for assigning HSP-Os commencing in 2026. Initially, 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?**

The changes in the ACOLA Act authorise a new category of entity - Health Administration Entities (HAEs) - to use HIs. HAEs provide administrative support for health services and programs without delivering direct

clinical care. They 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 are not eligible for an HI but are authorised to handle them on behalf of providers and patients.

The Minister for Health and Ageing, with possible delegation to senior officials, will authorise entities as HAEs following consultation in early 2026. 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 an HPI-I. 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 credentialed professionals with their consent, simplifying the process.

## **HID Act changes under the Regulatory Reform Omnibus Act 2025 (Omnibus Act)**

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

Changes to the HID Act will enable healthcare recipients to consent to their IHI being used and disclosed to healthcare providers, health technology providers and health 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.

To provide time to consult on conformance requirements and enable technology providers to comply, this amendment will not take effect until 1 February 2027.

### **8. Why have the insurance and employment prohibitions been removed?**

The HID Act enables the collection, use and disclosure of IHIs for the purpose of communicating or managing health information as part of providing healthcare to a person. However, it prevented 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' HIs 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 Healthcare 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 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. HAEs will also be able to access information in the HPD for health administration purposes.

A new regulation-making power 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.

HIs 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 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 provides certainty and clarity for industry, who will be able to rely on published standards when designing and delivering health technology solutions going forward. It also offers 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 also includes 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.