*Aboriginal Community Controlled Health Services*

Policy on the use of assisted registration procedures and software to register clients and patients for a My Health Record

*1st March 2016*

*[INSERT LOGO]*

*[INSERT POLICY NUMBER] ACCHS policy on the use of assisted registration procedures and software to assist patients to register for a My Health Record*

**Purpose**

To ensure that [INSERT ACCHS NAME] delegated employees are aware of the policies, procedures and legislation surrounding assisted registration procedures and software to assist patients of [INSERT ACCHS NAME] to register for a My Health Record.

**Related standards and legislation**

* *My Health Records Act 2012*
* *My Health Records Regulations 2012*
* *My Health Records (Assisted Registration) Rules 2015*

**Background and Rationale**

Assisted registration is a way for [INSERT ACCHS NAME] to help patients register for a My Health Record at the point of care. [INSERT ACCHS NAME] will assist patients to register by asserting the patient’s identity and submitting their details to the My Health Record system using the Assisted Registration Tool (ART) software or via an assisted registration conformant clinical information system.

If the assisted registration process is successful the patient will be registered for a My Health Record almost immediately. This will allow clinical information to be uploaded to their record by a healthcare professional during subsequent consultations.

[INSERT ACCHS NAME] takes its legislative responsibilities regarding the My Health Record system and assisted registration seriously. This policy assists [INSERT ACCHS NAME] to meet its responsibilities under the *My Health Records (Assisted Registration) Rules 2015.*

**Scope of the Policy**

This policy applies to all [INSERT ACCHS NAME] employees (including its employees and any healthcare provider to whom the organisation supplies services under contract) with access to *[INSERT ACCHS NAME]*’s Clinical Information System(s) and/or the My Health Record system.

**Policy Statement**

[INSERT ACCHS NAME] actively seeks to adhere to the legislation and policy requirements in relation to assisted registration. In relation to assisting patient’s to register for a My Health Record we will:

* Only allow employee/s who are trained and authorised to assist patient’s to register for a My Health Record using assisted registration
* Inform patients of the voluntary nature of registering, how the My Health Record system works the benefits to them and other options for registering
* Correctly identify the patient before assisting them to register for a My Health Record
* Appropriately document the patient’s consent in relation to applying for a My Health Record within the Assisted Registration Tool software or assisted registration conformant clinical information system
* Inform patients how they can access, view, add and/or amend their My Health Record information
* Regularly audit compliance with the assisted registration procedures

***[INSERT ACCHS NAME]*** ***will enforce this policy in relation to all its employees and any person or Organisation with whom we engage under an agreement/contract.***

1. **Authorising employee(s) to undertake assisted registration**

* Only employee/s employed by [INSERT ACCHS NAME], who have undergone training in assisted registration and have been authorised by the Responsible Officer of [INSERT ACCHS NAME] may use the Assisted Registration Tool software or assisted registration conformant clinical information system and associated procedures.
* The [INSERT ACCHS NAME] Responsible Officer will confirm employee/s being considered to be authorised have completed training in assisted registration prior to authorisation.
* The employee/s authorised in Assisted Registration procedures will be communicated to other [INSERT ACCHS NAME] employees.
* [INSERT ACCHS NAME] will keep a register of employee/s authorised in Assisted Registration procedures (Assisted Registration Authorised Employees Register) using Attachment C or some other record.
* The [INSERT ACCHS NAME] Assisted Registration Authorised Employee Register will be reviewed and updated on a quarterly basis.

1. **Employee Training**

* Training will be provided to all [INSERT ACCHS NAME] employee/s who will be involved in assisted registration prior to undertaking assisted registration with patients.
* Training will include orientation to the legislative requirements of assisted registration, this assisted registration policy and assisted registration procedures
* The date of the completion of assisted registration training will be recorded in the [INSERT ACCHS NAME] Assisted Registration Authorised Employee Register.

1. **Assisted registration procedure**
   1. **Patient information and consent**

* All patients who may wish to apply for a My Health Record using the assisted registration must be given the *My Health Record system Essential Information* and where necessary have key content of the booklet explained
* [INSERT ACCHS NAME] will print the completed *Assisted Registration - Application to Register for a My Health Record* form for the patient (or in the case of a child or dependant their parent) to sign.
* [INSERT ACCHS NAME] will complete the online *Assisted Registration - Application to Register for a My Health Record* with information provided by the patient*.* [INSERT ACCHS NAME] will record within their clinical information system consent to register with the My Health Record system and consent to healthcare organisations uploading to the My Health Record system any record that includes health information about the patient.

*\*\*There is no obligation that a service have a patient sign an Assisted Registration application form, but the service may consider that having a form is beneficial for data entry, auditing purposes and/or patient understanding. This is a decision for the service. Please delete this note and whichever dot point, of the two subsequent dot points, is irrelevant.\*\*\**

* Patients who successfully register for a My Health Record through assisted registration can receive an Identification Verification Code (IVC). The IVC allows the consumer to create online access to their My Health Record. The authorised employee will discuss the role of the IVC before the patient (or parent/carer) completes the application form and should confirm if the patient wants to receive the code by email, SMS text message or sent to [INSERT ACCHS NAME] for it to be printed by [INSERT ACCHS NAME].
* If a parent already has an IVC or online access to their own or another person’s record, the parent should not request an IVC in the child’s application.
* The authorised employee will review the assisted registration application form to confirm it is complete, correct and signed by the patient (or for a child their parent or carer).
  1. **Patient Identification - Adult**
* It is essential the patient is correctly identified. At[INSERT ACCHS NAME] we will do this by one of the following:
  + 1. Patient presents for a consultation at [INSERT ACCHS NAME] and has presented on at least three occasions at [INSERT ACCHS NAME] , (inclusive of the presentation at which AR is being provided) and the Medicare or DVA card is sighted, OR
    2. New patient – by undertaking a 100 points documentation check (see Attachment A)
    3. The patient’s identity has been verified by a valid referee and provides a valid and completed referee form (Attachment B)
  1. **Patient Identification - Child**
* An individual with parental responsibility for a child under 18 years can register the child through assisted registration.
* A child less than 14 years of age who has their own Medicare card, is eligible to register for a My Health Record through assisted registration. Communicare version 14.8 and earlier versions do not support this functionality.
* A parent or carer that is registering the child must assert they have parental responsibility for the child and:

1. The child must be listed on the Medicare card of the parent/carer applying; or
2. The healthcare organisation must support the parents/carer’s assertion of parental responsibility. (This function is not available in the Assisted registration Tool or in Communicare). \*

*\*NOTE: Support from a healthcare provider about the parent/carer’s parental responsibility is voluntary. The length and type of relationship healthcare providers have with their patient may affect whether or not they choose to provide this assertion. If the health service does not wish to include this please delete ii above and this note.*

* It is essential a child is correctly identified if a parent or carer is registering them. At[INSERT ACCHS NAME] we will do this by one of the following:
  + 1. The parent or carer presents for a consultation at [INSERT ACCHS NAME] and has presented on at least three occasions at [INSERT ACCHS NAME] , (inclusive of the presentation at which AR is being provided) by sighting the parent/carer’s Medicare (or DV) card and confirming the child is correctly recorded on that card, OR
    2. New parent or child – by undertaking a 100 points documentation check (see Attachment A)
    3. The parent/carer and child identity has been verified by a valid referee and provides a valid and completed referee form (Attachment B)
  1. **Entering Patient information into software**
* Only authorised employees may enter the required information about the patient (and in relation to an application for a child, the required information about the child), into the Assisted Registration Tool or assisted registration conformant clinical information software.
* The authorised employee must confirm the correct information has been entered and is correct for that patient (or child).
  1. **Patient Identification Verification Code~~s~~**
* If the patient has elected to receive their IVC through [INSERT ACCHS NAME], the authorised employee must print this out for the patient (or parent/carer), or may document this on the *Consumer IVC pamphlet* along with instructions on how the consumer can create online access to their My Health Record (provided with the IVC).
* IVCs must not be retained by [INSERT ACCHS NAME] and must be destroyed securely as per health service policies on destruction of confidential records.
  1. **Obtaining and recording consent**
* Where [INSERT ACCHS NAME] chooses to use the *Assisted Registration - Application to Register for a My Health Record* to record the consumer’s consent to register with the My Health Record system and to upload documents to the My Health Record system, the signed application form will be retained and stored by:

1. Scanning the application form and attaching the scanned image to the patient’s electronic medical record in the clinical information system (and then securely shredding and disposing the original paper form) OR
2. Storing the paper form in a secure location and in line with [INSERT ACCHS NAME] Medical Records policies

* Where [INSERT ACCHS NAME] chooses not to use the application form, the patient’s consent to register with the My Health Record system and consent to healthcare organisations uploading to the My Health Record system any record that includes health information about the patient will be recorded in the patient’s electronic medical record in the clinical information system

1. **Audit and compliance**

* [INSERT ACCHS NAME] will assist in any inquiry, investigation or complaint regarding the My Health Record system by a patient of [INSERT ACCHS NAME] or the System Operator.
* [INSERT ACCHS NAME] will participate in any audit of assisted registration policies, procedures or application forms.

**Software requirements**

Assisted Registration Tool software or compliant Clinical Information Software with assisted registration functionality.

**Employee responsibility**

It is the responsibility of all healthcare providers and employees in [INSERT ACCHS NAME] to only use assisted registration procedures and software systems as outlined in this policy.

**Related resources**

* RACGP *Standards for general practices*, fourth edition

[www.racgp.org.au/your-practice/standards/standardsforgeneralpractices/](http://www.racgp.org.au/your-practice/standards/standardsforgeneralpractices/)

* RACGP *Computer and information security standards* (CISS) and workbook (2011)

[www.racgp.org.au/your-practice/e-health/cis/ciss/](http://www.racgp.org.au/your-practice/e-health/cis/ciss/)

* Department of Health Assisted Registration Guide: <http://www.ehealth.gov.au/internet/ehealth/publishing.nsf/content/assistedregguide>

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| --- | --- |
| **Policy Manager** | **ADD OMO NAME HERE** |
| **Contact** | <Organisation Maintenance Officer>  Tel: **ADD PHONE NUMBER**  Fax: **ADD FAX NUMBER** |
| **Approval Authority** | Responsible Officer |
| **Latest Review Date** | DD/MM/YY (12 months from date of approval) |

**REVISION HISTORY** *(to be maintained by Organisational Maintenance Officer)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Revision Ref. No.** | **Approved/ Amended/ Rescinded** | **Date** | **Committee/Board** | **Resolution Number** | **Document Reference** |
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| **ATTACHMENT A: DOCUMENTARY EVIDENCE OF IDENTITY3** | **POINTS** |
| **Primary Documents – you can use only one of these** | |
| Birth Certificate | 70 |
| Birth Card issued by a Registry of Births, Deaths and Marriages | 70 |
| Citizenship Certificate | 70 |
| Current Passport | 70 |
| Expired passport which has not been cancelled and was current within the preceding two years | 70 |
| Other document of identity having the same characteristics as a passport including diplomatic documents and some documents issued to refugees | 70 |
| **Secondary documents** | |
| Any of the following, which must contain a photograph and a name. Additional documents from this category are awarded 35 points.   * Driver licence issued by an Australian state or territory * Licence or permit issued under a law of the Commonwealth, a state or territory government - (e.g. a boat licence) * Identification card issued to a public employee * Identification card issued by the Commonwealth, a state or territory government as evidence of the person's entitlement to a financial benefit * An identification card issued to a student at a tertiary education institution | 70 |
| Must have name and address on:   * A mortgage or other instrument of security held by a financial body * Local government (council) land tax or rates notice * Land Titles Office record | 40 |
| Must have name and signature on:   * Marriage certificate (for maiden name only) * Credit card * Foreign driver licence * Medicare card (signature not required on Medicare card) * DVA treatment card (signature not required on DVA card) * Membership to a registered club * Automobile Association of the Northern Territory (AANT) or equivalent membership * EFTPOS card | 35 |
| Only one from each document type may be used - must have name and address on:   * Records of a public utility - phone, water, gas or electricity bill * Records of a financial institution * Lease/rent agreement * Rent receipt from a licensed real estate agent | 35 |
| Must have name and date of birth on:   * Record of a primary, secondary or tertiary educational institution attended by the applicant within the last 10 years * Record of professional or trade association of which the applicant is a member | 25 |

**ATTACHMENT B: REFEREE DECLARATION FORM**

APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPROVED REFEREE DECLARATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have known the applicant personally for: year(s) month(s) OR their lifetime.

***Declaration: I declare that to the best of my knowledge and belief the information provided by the applicant on this form is true and correct***

Signature: Phone: Date: / /

Select Referee Category:

* An individual who, in relation to an Aboriginal Community is recognised by the members of the community as an Elder or has been designated by the Community Elder; or if there is an elected Aboriginal Council that represents the community, is an elected member of the Council.
* Chairperson / manager of an incorporated organisation.
* Minister of religion.
* A registered or licensed dentist, medical practitioner, pharmacist or veterinary surgeon under a law of the State or Territory providing for that registration or licensing.
* A manager of a Post Office.
* A member of the Australian Federal Police or the police force of a State or Territory, who in their normal course of duties, is in charge of a police station.
* An individual employed as a full-time teacher or Principal at an education institution and has been so employed continuously for a period of at least 5 years.
* A Commissioner of Oaths of a State or Territory.
* A member of a Municipal, City, Town or Shire Council.
* An individual employed as a local government body of a State or Territory who must have been employed continuously for a period of at least 5 years whether or not the individual was employed for part of that period as an officer and for part as an employee.
* A judge or master of a Federal, State or Territory Court.
* A stipendiary magistrate of the Commonwealth or of a State or Territory.
* A Justice of the Peace of a State or Territory.
* A Member of Parliament of a State Parliament or a member of a Legislative Assembly

***Reference: Northern Territory My eHealth Record Consumer Registration Form.***

**ATTACHMENT C: ASSISTED REGISTRATION TRAINING AND AUTHORISATION FORM**

AUTHORISED EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE ASSISTED REGISTRATION TRAINING COMPLETED: / /

AUTHORISING OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_