

Australian Standard[®]

Health Care Client Identification



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- Systems Innovation in Health

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Standards Australia wishes to acknowledge the participation of the expert individuals that contributed to the development of this Standard through their representation on the Committee and through public comment period.

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Australian Standard[®]

Health Care Client Identification

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PREFACE

This Standard was prepared by Standards Australia Committee IT-014, Health Informatics, to supersede AS 5017—2002, and in response to requests from the health service provider community.

This Standard is the result of health industry concern about the myriad of data storage formats used for basic but critical client identification data.

The objective of this Standard is to provide the health industry with a specific Standard for Health Care Client Identification for clinical and administrative data management purposes (data structure and specification) which promotes uniformly good practice in identifying individuals and recording identifying data so as to ensure that each individual's health records will be associated with that individual and no other. The Standard also provides the basis for future linkage of data as authorized by law and appropriate for clinical management of patients and statistical research purposes.

This Standard should be read in conjunction with HB 222, *Australian Health Care Client and Provider Identification Handbook*. In addition, this Standard is closely related to AS 4846, *Health Care Provider Identification*. For example, when client health information is shared between various health care providers for purposes of clinical management, AS 4846 may be used to ensure the unique identification of the health care provider.

In this edition, the scope of the Standard has been limited to Health Care Client Identification in Australia only. In the future, consideration will be given to New Zealand and international requirements.

This Standard does not supersede any Standards (other than AS 5017—2002) but rather acts as a consolidation of best practice principles and guidelines for collection and storage of Health Care Client Identification data. Where they exist, Standards already in use in health care have been sourced in preference to generally applicable Australian Standards.

The term 'informative' has been used in this Standard to define the application of the appendix to which it applies. An informative appendix is only for information and guidance.

The Council of Australian Governments (COAG) approved funding for individual and provider identifiers on 10 February 2006, and the National E-Health Transition Authority (NEHTA) is tasked with implementing both initiatives. A detailed requirements review and specification phase will commence. At the time of publication, NEHTA was still undertaking this initial phase of work and therefore was not in a position to provide appropriate feedback on these standards. Throughout the course of the projects, NEHTA will consider this Standard and AS 4846 in conjunction with HB 222, and in the context of the national identifiers requirements, to enable a consistent suite of relevant standards. NEHTA will ensure comments are provided following the completion of this work for consideration in the next iteration of the Standards and Handbook.

Standards Australia wishes to thank the Department of Health and Ageing for their continued financial support in helping us to achieve our aims.

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FOREWORD

Within a health care service delivery context, the process of positively identifying individuals entails matching data supplied by those individuals against data that the service provider holds about them.

The ability to positively identify individuals and locate their relevant details is critical to the provision of speedy, safe, high quality, comprehensive and efficient health care. Benefits of positive identification include:

- (a) More complete information on which to base potentially life-critical clinical decisions.
- (b) Less time wasted and inconvenience generated in hunting for and/or re-gathering information – which translates to more efficient health care.
- (c) Less duplication of testing and prescribing.

In Australia and internationally, the delivery of health care is undergoing a paradigm shift, brought about by changing consumer expectations, technological advances, economic pressures, socio-demographic change and changes in the patterns of health and ill health in communities.

These changes include:

- (i) A shift from institution-centred care to client-centred care, together with greater empowerment of health care consumers.
- (ii) Greater emphasis on continuity of services supporting quality and safety, health promotion and maintenance.
- (iii) More integrated health care, in which organizational and administrative barriers are invisible to clients.

These new service directions will necessitate a much greater flow of health care clients and services across functional, jurisdictional, administrative and professional boundaries. In a more integrated health care environment, positive identification is no less critical, but is much more complex. Population mobility and multiple points of access to the health care system lead to the accumulation of client related data in a variety of fragmented, unrelated repositories. Positive health care client identification is recognized around the world as a critical success factor for health care reform.

There are many barriers to the successful identification of individuals in health care settings, including variable data quality, differing data capture requirements and mechanisms, and varying data matching methods. This Standard and its associated handbook, HB 222, provide a framework for improving the confidence of health service providers and clients alike that the data being associated with any given individual, and upon which clinical decisions are made, is appropriately associated.

Where permitted by law, data matching may be undertaken in a variety of contexts and settings, including for administrative purposes. While administrators may also benefit from the application of this Standard, its specific focus is the *positive identification of clients for health care service delivery purposes*.

There are additional factors to be considered in providing *access* to distributed health care client data, including privacy, security and data transfer mechanisms. These are outside the scope of this Standard. Application of this Standard will increase the *capacity* for data access. Authorization of such access is determined by the application of legislation, organizational policies and guidelines, and professional ethics.

STANDARDS AUSTRALIA

Australian Standard

Health Care Client Identification

SECTION 1 SCOPE AND GENERAL

1.1 SCOPE

This Standard is a voluntary code of practice. It provides a framework for improving the positive identification of clients in health care organizations.

This Standard applies in respect of all potential or actual clients of the Australian health care system. It defines demographic and other identifying data elements suited to capture and use for client identification in health care settings, provides guidance on their application, and provides an overview of data matching strategies. It also makes recommendations about the nature and form of health care identifiers.

Accordingly, this Standard includes only the minimum dataset required for unambiguous identification. It is recognized that specific applications may require additional data to fulfil their purposes. The Standard provides a generic set of identifying information, which is application independent.

NOTES:

- 1 Appendix A gives guidance on the implementation of client master indexes. These indexes form the key client directory within health care establishments. They are central to health care client identification.
- 2 Appendix B shows how to search for a health care client. Use of appropriate and thorough searching techniques is important in ensuring that any existing client data will be linked to the relevant health care client.

1.2 OBJECTIVE

The objective of this Standard is to promote uniform good practice in—

- (a) identifying individuals;
- (b) recording of health care client data; and
- (c) ensuring that data being associated with any given health care client, and upon which clinical communication and data aggregation are based, are appropriately associated with that individual or organization and no other.

1.3 APPLICATION

1.3.1 General

This Standard is primarily concerned with clinical use of Health Care Client Identification data. The Standard should be used by health and health related establishments that create, use or maintain records on health care clients. Establishments should use this Standard, where appropriate, for collecting data when registering health care clients or potential health care clients.

1.3.2 Responsibilities

The positive and unique identification of health care clients within and between health care establishments is a critical event in health service delivery, with direct implications for the safety and quality of health care.

Responsibilities for the quality of capture, storage and use of identifying data for health care clients, including the implementation of this Standard, should be clearly and unambiguously assigned within the health care establishments, and documented in relevant policies, procedures and work instructions. This may particularly apply to those establishments seeking third party accreditation from relevant quality management or assurance organizations.

1.3.3 Regulatory environment

Health care establishments reporting to government agencies should refer to the National Health Data Dictionary (available via METeOR at www.meteor.aihw.gov.au) and Commonwealth and/or State/Territory reporting requirements, where relevant.

Users of this Standard should refer to relevant privacy legislation, codes of fair information practice and other guidelines so as not to breach personal privacy in their collection, use, storage and disclosure of health care client information. There is no comprehensive privacy legislation covering both the public and private sectors across Australia so users need to consider their particular set of circumstances (i.e. location and sector) and whether privacy legislation covers those circumstances. A Commonwealth legislative scheme applies to the private sector. Users may refer to the Federal Privacy Commissioner's web site for assistance in complying with their privacy obligations offered at www.privacy.gov.au. State laws may also apply in some situations. In addition, public sector agencies should refer to relevant policies, legislation and regulations pertaining to privacy and State and Territory records so as not to breach their obligations regarding the creation and retention of public records.

1.3.4 Training

Relevant staff should receive training that highlights the nature, importance and health care benefits of high quality procedures for the capture, storage and use of health identifying data.

1.3.5 Business processes

Business processes associated with the capture, storage and use of client identifying data should be designed and continuously improved so as to ensure accurate, consistent and complete data collection and storage practices are used.

1.4 REFERENCED DOCUMENTS

The following documents were referred to in this Standard (see also Appendix D for additional information on these and other related documents):

AS	
4590	Interchange of client information
4700	Implementation of Health Level Seven (HL7) Version 2.3.1
4700.1	Part 1: Patient Administration
4700	Implementation of Health Level Seven (HL7) Version 2.4
4700.1	Part 1: Patient Administration
4846	Health Care Provider Identification
HB	
222	Australian Health Care Client And Provider Identification Handbook

AS ISO/IEC	
11179	Information technology—Metadata registries (MDR)
11179.3	Part 3: Registry metamodel and basic attributes
HL7	Health Level Seven
ASTM	
E1714–00	Guide for Properties of a Universal Healthcare Identifier (UHID)
HNBC 98-10	HealthNet/BC Provider Data Standard Version 1.0
METeOR	Online metadata repository Australian Institute of Health and Welfare
NHDD	National Health Data Dictionary, Version 12.0. Canberra: Australian Institute of Health and Welfare
NSFEG	Centrelink Naming Systems of Ethnic Groups: Ethnic Names Condensed Guide. Canberra: AGPS, 1997.
ABS	Standard Australian Classification of Countries (SACC)
1269.0	ABS Catalogue No. 1269.0. Including Revision 2.01(1998) and Revision 2.02 (2004).
VCDS	Victorian Department of Human Services Client Data Standards, Version 3. Victoria: Department of Human Services, 2000.

1.5 DEFINITIONS

For the purpose of this Standard the definitions below apply. Individual data elements are defined in subsequent sections.

1.5.1 Capture

A deliberate action, which results in the registration of a record into a client record keeping system.

1.5.2 Health Care Client

Any person who uses or is a potential user of a health care service. A health care client may also be referred to as a subject of care.

1.5.3 Health Care Client Identifier

A unique number or code issued for the purpose of identifying a health care client.

1.5.4 Health Care Provider

Any person or organization who is involved in or associated with the delivery of health care to a client, or caring for client wellbeing.

1.5.5 Information system

An organized collection of hardware, software, supplies, policies, procedures and people that stores, processes and provides access to information.

1.5.6 Records

Recorded information, in any form, including data in computer systems, created or received and maintained by an organization or person in the transaction of business or the conduct of affairs and kept as evidence of such activity.

1.5.7 Registration

The act of giving a record a unique identity in a record keeping system.

1.5.8 Storage

The function of storing records for future retrieval and use.

1.6 COMPONENTS

This Standard includes recommendations concerning the data elements most likely to affect client identification data quality, and provides an overview of data matching methodologies related to client identification.

Data concepts described in this Standard are listed in Figure 1. This figure does not show the interrelationships between the sections, all the data elements that comprise these concepts, or data structures, as this is described in later sections and in HB 222.

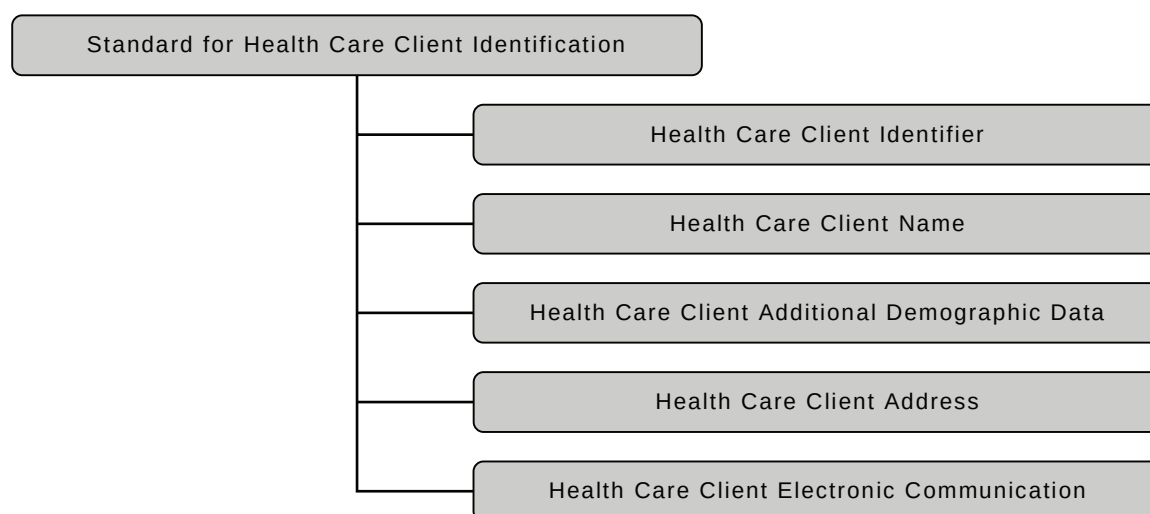


FIGURE 1 DATA ELEMENTS AND INTERRELATED COMPONENTS

1.7 DATA ELEMENT STRUCTURE

1.7.1 General

Each data element has been defined according to a set of metadata components that are based on AS ISO/IEC 11179.3. Most components (viz. definition, data type, representational class, data domain, etc.) describe essential features of the structure of a data element. Some components such as collection methods and comments describe additional, non-essential features and may be left blank where appropriate.

The metadata components of each data element are described in Clauses 1.7.2 to 1.7.13.

NOTE: All data elements defined in this Standard are Single Use Fields. That is, all fields must not be used to collect any data other than that specified by the data element definition and data domain.

1.7.2 Definition

A statement that expresses the essential nature of the data element and its differentiation from all other data elements (NHDD, 2004, p.452).

1.7.3 Source standards

Details of standards or guidelines for data elements that have been cited in this Standard are listed in Appendix D.

1.7.4 METeOR

METeOR is Australia's repository for national data standards for the health, community services and housing assistance sectors.

1.7.5 Data type

Valid data types values and their associated meanings:

Boolean - A binary value expressed using a string (e.g. true or false).

Currency - A numeric value expressed using a particular medium of exchange.

Date/Time - A specific instance of time expressed in numeric form.

Number - A sequence of numeric characters which may contain decimals, excluding codes with 'leading' characters e.g. '01', '02', '03'.

String - A sequence of alphabetic and/or numeric characters, including 'leading' characters e.g. '01', '02', '03'.

1.7.6 Representational class

Valid representational class values and their associated meanings:

Average - A numeric value representing an arithmetic mean.

Code - A system of valid symbols that substitute for longer values.

Date - A numeric value representing a calendar date (i.e. day, month and year) or recognized part of a calendar date (i.e. day, month, and/or year).

Identifier - A value which establishes identity.

Percentage - Parts per hundred.

Ratio - An expression of the quantity of one substance or entity in relation to that of another (Dorlands, 2003: 1586).

Text - An unformatted, descriptive value.

Time - A numeric value representing a specific instance in time.

Total - A numeric value representing the sum of a set of values or an entire quantity (including monetary).

1.7.7 Field size maximum

The maximum (max.) number of characters that may be recorded in the field.

1.7.8 Representational layout

Representational layout (format) values and their associated meanings:

A - Alphabetic character set: contains the letters a-z and A-Z and may contain special characters*, but not numeric characters.

N - Numeric character set: contains whole and decimal numbers and may contain special characters, but not alphabetic characters.

X - Alphanumeric character set: contains alphabetic and numeric characters, and may contain blank characters.

* A special character is a character which has a visual representation and is neither a letter, number, ideogram, or blank. For example, punctuation marks and mathematical symbols.

An ideogram is a character that represents an object or concept e.g. Chinese ideogram or Japanese Kanji.

A blank is a character that represents an empty position in an alphanumeric character field e.g. space. A blank is conceptually different from a null value, which is defined as the absence of a stored value.

D - A numeric character representing a number of days.

M - A numeric character representing a number of months.

Y - A numeric character representing a number of years.

H - Any numeric character representing a number of hours.

h - Any numeric character representing a number of minutes.

S - Any numeric character representing number of seconds. *

1.7.9 Data domain

The valid values or codes that are acceptable for the data element. The data elements contained in this Standard are either free text or coded. For each data element that is coded, a code value is provided, a descriptor of the code value and an alternative code (generally an alphabetic code). The code should be used for communication of this data value, the descriptor is the title of the value, and the alternative code is provided for collection of the data, where the use of alphabetic code values is preferred at the point of data collection or for screen viewing. For example, the data domain for the data element Sex is:

Code	Descriptor	Alternative code
1	Male	M
2	Female	F
3	Intersex or Indeterminate	I
9	Not Stated/Inadequately Described	N

1.7.10 Guide for use

Additional guidance to inform the use of the data element.

1.7.11 Verification rules

Quality control mechanisms that restrict the collection, storage or transferral of non-valid codes.

1.7.12 Collection methods

Comments and advice concerning the actual capture of data for the particular data elements to achieve uniformly high quality data.

NOTE: Health care establishments reporting to government agencies should refer to the National Health Data Dictionary; and Commonwealth and/or State/Territory reporting specifications, where relevant.

1.7.13 Comments (optional)

Any further information relevant to data element collection or storage.

1.8 SUMMARY STRUCTURE

Table 1 provides a summary guide to the structure of the data elements defined in this Standard.

* Valid in value domains of representation class Date or Time only. These format values indicate the valid unit(s) of measure to be presented. For value domains of all other representation classes, only the characters A, N, X.

TABLE 1
SUMMARY STRUCTURE FOR DATA ELEMENTS

Section	Data elements	Opt.	Recommended max. field size	Data type	Repeat data element
2	Health Care Client Identifier	R	271	Alphanumeric	Y
3	Health Care Client Name	R	250	Alphanumeric	Y
4	Health Care Client Additional Demographic Data	O	130	Alphanumeric	N
5	Health Care Client Address	O	250	Alphanumeric	Y
6	Health Care Client Electronic Communication	O	182	Alphanumeric	Y

LEGEND:

Opt. = Optionality

R = Required

O = Optional

1.9 GENERIC VALUE DOMAINS

Date Accuracy Indicator is a generic value domain and is used by the following data elements:

- Date of Birth Date Accuracy Indicator,
- Date of Death Date Accuracy Indicator,
- Name Usage Start Date Accuracy Indicator,
- Name Usage End Date Accuracy Indicator,
- Address Purpose Start Date Accuracy Indicator, and
- Address Purpose End Date Accuracy Indicator.

SECTION 2 HEALTH CARE CLIENT IDENTIFIER

2.1 GENERAL

This Section includes data elements that jointly comprise a unique identifier for health care clients. The Section outlines—

- (a) Client Identifier; and
- (b) Client Identifier for restricted purposes.

The combination of the client identifier and the health care establishment that assigned the identifier is one way to indicate unique identification. A further list of client identifiers that are subject to specific restricted purposes is also provided in this section.

Table 2 provides a summary guide to Health Care Client Identifier data elements.

The logical structure for these data elements is depicted in Figure 2.

TABLE 2
HEALTH CARE CLIENT IDENTIFIER DATA ELEMENTS

Clause	Data element name	Opt.	Recommended max. field size	Data type	Rep. class	Rep. layout	Repeat data element	Example
2.2	Health Care Client Identifier	R	271				Y	
2.2.1	Health Care Client Identifier Designation	R	20	Alpha-numeric	Identifier	AN(20)	N	12345678
2.2.2	Health Care Client Identifier Geographic Area	R	1	Alpha-numeric	Code	AN(1)	N	1
2.2.3	Health Care Client Identifier Issuer	R	200	Alpha-numeric	Text	AN(200)	N	Royal Melbourne Hospital
2.2.4	Health Care Client Identifier Type	R	50	Alpha-numeric	Text	AN(50)	N	Medical Record Number

LEGEND:

Opt. = Optionality

R = Required

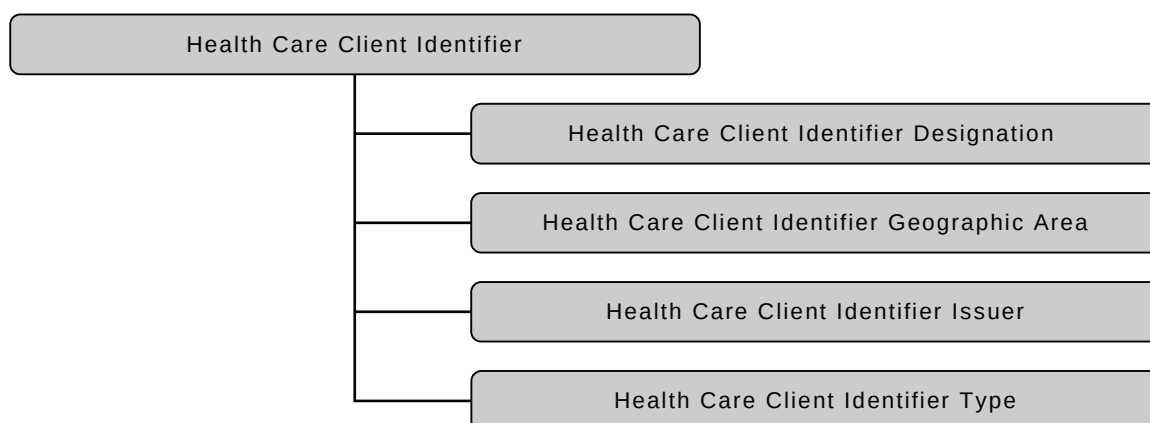


FIGURE 2 DATA ELEMENTS FOR HEALTH CARE CLIENT IDENTIFIER

The majority of these data elements have been described in the National Health Data Dictionary, and the structure outlined is compatible with the HL7 messaging standard (see Section 8).

There may be multiple identifiers collected for any one individual. Together, the data elements that makeup one complete Health Care Client Identifier are:

- (i) Health Care Client Identifier Designation.
- (ii) Health Care Client Identifier Geographic Area.
- (iii) Health Care Client Identifier Issuer.
- (iv) Health Care Client Identifier Type.

Most health care clients have more than one identifier. The most commonly used identifier should be collected as the Primary Client Identifier (the first listed client identifier). This identifier is generally that assigned by the organization as the means of uniquely identifying the client. Often, there are other identifiers also related to the client, and these should be collected as Other Client Identifiers (listed second or subsequently in the identifier list).

There can only be one Primary Client Identifier, but there may be many Other Client Identifiers collected for any one application.

Examples of Health Care Client Identifiers include:

- Person Identifier.
- Medical Record Number (MRN).
- Local Client Identifier.
- Health (care client) Identification Number.
- Unit Record (UR) Number.
- Enterprise Identifier.
- Area Identifier.
- State/Territory Health Identifier.
- Unique Identifier (UID).
- Unique Health Identifier (UHID).
- National Health Identifier (NHI).

Example:

Joe Smith may be known by St Elsewhere's Hospital by the identifiers set out in Table 3.

TABLE 3
EXAMPLES OF HEALTH CARE CLIENT IDENTIFIERS

Example	Health Care Client Identifier Designation	Health Care Client Identifier Geographical Area	Health Care Client Identifier Issuer	Health Care Client Identifier Type
Primary Client Identifier	9876543	1 (Local)	ABC Royal Hospital	Medical record number
Other Client Identifier	456891X	1 (Local)	ABC Community Health	Area health identifier
Other Client Identifier	XYZ123	2 (Area)	Central area	State health identifier
Other Client Identifier	12345678912	4 (National)	Medicare Australia	Medicare Card Number
Other Client Identifier	123456789T	4 (National)	Centrelink	Centrelink Customer Reference Number
Other Client Identifier	NAB12345	4 (National)	Department of Veterans' Affairs	DVA File Number

The combination of any Health Care Client Identifier Designation, Health Care Client Identifier Geographical Area, Health Care Client Identifier Issuer and Health Care Client Identifier Type should provide unique identification.

In general, the Primary Client Identifier used in any given application should be an identifier that is integral to the purpose for which it is being used. All Other Client Identifiers for the same client link to this Primary Client Identifier.

Some identifiers assigned by government agencies or other regulatory bodies to health care clients may be for quite specific, restricted purposes except to the extent permitted by law. Therefore, such identifiers should not generally be used for purposes other than these specific, restricted purposes. Examples of Client Identifiers for specific, restricted purposes include Medicare Card Number, Department of Veterans' Affairs File Number and Centrelink Customer Reference Number.

2.2 HEALTH CARE CLIENT IDENTIFIER

2.2.1 Health Care Client Identifier Designation

Definition: A number or code assigned to a person by an organization, establishment or agency in order to uniquely identify that person as a subject of health care.

Source standards: ASTM E1714–00
HL7 (PID-3 *Patient identifier list*)

Data type: Alphanumeric **Representational class:** Identifier

Field size max: 20 **Representational layout:** AN(20)

Data domain: Identifier code

Guide for use: Individual agencies, establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems.

The combination of the Health Care Client Identifier: Designation, Geographical Area, Issuer and Type uniquely identifies a client.

ASTM E1714–00 should be used as a guide to the properties of client identifiers.

See also Clause 2.3 *Health Care Client Identifiers for Restricted Purposes*.

NOTE: Where new identifiers are being implemented, numeric (only) identifiers should be used if possible.

Collection methods: The following criteria and characteristics of the Health Care Client Identifier (HCCI) Designation are adapted from the ASTM E1714–00 and provided here as a guide to assigning a unique identifier.

Atomic—the HCCI Designation should be a single data item. It should not contain sub-elements that have meaning outside the context of the entire HCCI Designation. Nor should the HCCI Designation consist of multiple items that must be taken together to constitute an identifier.

Content Free—the HCCI Designation should not depend on possibly changing or possibly unknown information pertaining to the health care client. Including content in the HCCI Designation will make it impossible to assign the ‘correct’ identifier if that information is not known. It also leads to invalid situations if the information changes: for example, what happens to an identifier based on sex if the health care client has a sex change procedure.

Longevity—a HCCI system should be designed to function for the foreseeable future. It should not contain known limitations that will force the system to be restructured or revised radically.

Permanent—once assigned, a HCCI Designation should remain with the health care client. It should never be reassigned to another client, even after the health care client’s death.

Unambiguous—whether represented in automated or handwritten form, a HCCI Designation should minimize the risk of misinterpretation. Where using alphanumeric identifiers, be aware of possible confusion with the number ‘0’ with the letter ‘O’ and the number ‘1’ with the letter ‘I’.

Unique—a valid HCCI Designation should identify one and only one health care client. A health care client should have only one primary HCCI Designation.

See HB 222 for further guidance on unique identification.

Verification rules: Field cannot be blank.

Comments:

2.2.2 Health Care Client Identifier Geographic Area

Definition: A code representing a type of geographical or administrative area within which a health care client identification is applicable.

Source standards: HL7 (PID-3 *Patient identifier list, HL7 table 0203 Identifier type*)

Data type: Alphanumeric **Representational class:** Code

Field size max: 1 **Representational layout:** AN(1)

Data domain:	Code	Descriptor	Alternative code
	1	Local Client (Unit Record) Identifier	L
	2	Area/Region/District Identifier	A
	3	State or Territory Identifier	S
	4	National Identifier	N

Guide for use: The combination of the Health Care Client Identifier: Designation, Geographic Area, Issuer and Type uniquely identifies a client.

This field can be a multiple occurring field, one occurrence per group of Client Identifier fields.

Code 1 – *Local Client (Unit Record) Identifier* uniquely identifies a health care client within the health care organization.

Code 2 – *Area/Region/District Identifier* uniquely identifies a health care client within the area, district or region (as defined by individual States and Territories).

Code 3 – *State or Territory Identifier* is the identifier of the health care client as allocated by the State or Territory Health Department.

Code 4 – *National Identifier* is the unique identifier assigned at a national level to identify a health care client.

Verification rules:

Collection methods:

2.2.3 Health Care Client Identifier Issuer

Definition: The organization that allocates a client identifier which uniquely identifies a health care client within that organization.

Source standards: AS 4846
HL 7 (PRA-6 *Practitioner ID numbers <state/other qualifying information >*), (STF-2 *ID code <assigning authority>*) and (ORG-5 *Practitioner org. unit identifier <assigning authority>*)

Data type: Alphanumeric **Representational class:** Text

Field size max: 200 **Representational layout:** AN(200)

Data domain: Name of the identifier issuer.

Guide for use: The combination of the Health Care Client Identifier: Designation, Geographical Area, Issuer and Type uniquely identifies a client.

Examples of Health Care Client Identifier Issuers include:

- (a) Health organization name; or
- (b) A specific Commonwealth or State/Territory health agency name (e.g. 'Medicare Australia' is the issuer or source of the Medicare card number); or
- (c) Private enterprise (e.g. health funds).

Verification rules:

Collection methods: Where a national Health Organization Identifier exists, this should be used.

2.2.4 Health Care Client Identifier Type

Definition: The name/label of an identifier that is allocated by the issuer, which indicates the type of client identifier.

Source standards:

Data type:	Alphanumeric	Representational class:	Text
Field size max:	50	Representational layout:	AN(50)
Data domain:	The name of the identifier.		

Guide for use:

Verification rules:

Collection methods:

2.3 HEALTH CARE CLIENT IDENTIFIERS FOR RESTRICTED PURPOSES

2.3.1 General

2.3.1.1 Scope

This Clause describes client identifiers assigned by various Commonwealth government agencies to clients authorized to receive specific health care services as shown in Figure 3.

2.3.1.2 Private sector organizations

Private Sector Organizations are bound by the National Privacy Principles in the *Privacy Act 1988*. National Privacy Principle 7 provides that—

- (a) a private sector organization must not adopt as its own identifier of an individual, an identifier assigned to the individual by a Commonwealth agency, its agents or a service provider under a Commonwealth contract; and
- (b) a private sector organization must not use or disclose an identifier assigned to an individual by a Commonwealth agency, its agent or a contracted service unless the use or disclosure is necessary for the organization to fulfil its obligations to the agency or in other specified circumstances.

The collection of Commonwealth identifiers by private sector health care establishments should be for the purpose of providing care to a client that is authorized by, and will be financed by, a specific government agency. These identifiers should only be used or disclosed by private sector health care establishments to fulfil their obligations to the Commonwealth agency that assigned the identifier and not for any other purpose, such as data linkage, unless permitted by law. For example, Individual Medicare Card Number, DVA Number and/or Centrelink Customer Reference Number should be collected from clients eligible to receive health services funded by the Commonwealth Government. The numbers should be reported to the appropriate government agency to reconcile payment for the service provided and not used by private sector organizations for any other purpose, including data linkage, unless specifically authorized.

A private sector organization's policy on management of personal information needs to be set out in a document that is available to health care clients or any other person on request.

2.3.1.3 Public sector organizations

In the case of public sector organizations, Commonwealth, State and Territory government agencies (including public hospitals) are not bound by the National Privacy Principles. Such agencies should make themselves aware of the relevant Commonwealth, State and Territory rules governing the use of unique assigned identifiers.

2.3.1.4 Summary

This Standard provides a guide for consistent collection and use of restricted purpose health care identifiers in accordance with Privacy Principles where relevant.

Table 4 gives a summary structure for Health Care Client Identifiers data elements for restricted purposes. Table 5 provides some examples.

TABLE 4
DATA ELEMENTS FOR HEALTH CARE CLIENT IDENTIFIERS FOR
RESTRICTED PURPOSES

Clause	Data element name	Opt.	Recommended max. field size	Data type	Rep. class	Rep. layout	Repeat data element	Example
2.2.1	Health Care Client Identifier Designation	R	20	Alpha-numeric	Identifier	AN(20)	N	12345678
2.3.2	Individual Medicare Card Number	O	11	Numeric	Identifier	N(11)	N	12345678911
2.3.2.1	Medicare Card Number	O	9	Numeric	Identifier	N(9)	N	123456789
2.3.2.2	Medicare Card Issue Number	O	1	Numeric	Text	N(1)	N	1
2.3.2.3	Medicare Card Individual Reference Number	O	1	Numeric	Text	N(1)	N	1
2.3.3	Department of Veterans' Affair File Number	O	9	Alpha-numeric	Identifier	AAANNNNNA	N	NX396146A
2.3.4	Centrelink Customer Reference Number	O	10	Alpha-numeric	Identifier	NNNNNNNNNA	N	123456789T

LEGEND:

Opt. = Optionality

R = Required

O = Optional

TABLE 5
EXAMPLES OF HEALTH CARE CLIENT IDENTIFIERS FOR RESTRICTED
PURPOSES

Example	Health Care Client Identifier Designation	Health Care Client Identifier Geographic Area	Health Care Client Identifier Issuer	Health Care Client Identifier Type
Other Client Identifier	12345678911	4 (National)	Medicare Australia	Individual Medicare Card Number
Other Client Identifier	123456789T	4 (National)	Centrelink	Centrelink Customer Reference Number
Other Client Identifier	NAB12345	4 (National)	Department of Veterans' Affairs	DVA File Number

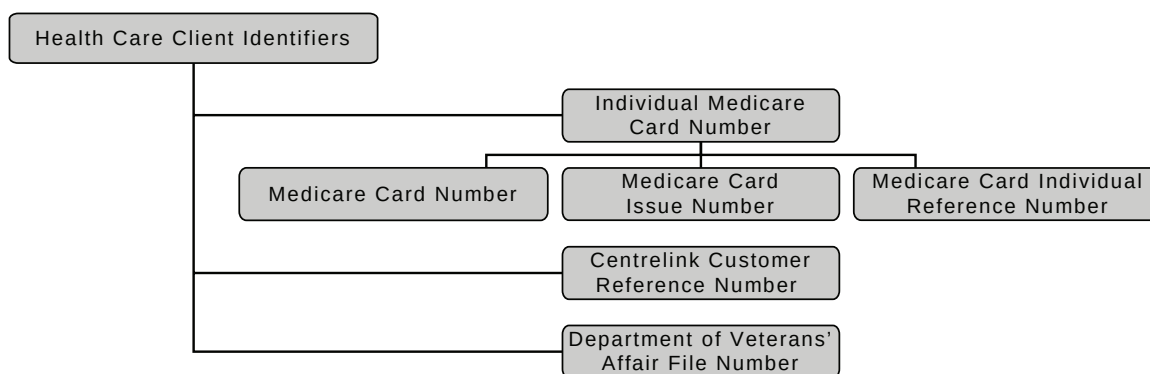


FIGURE 3 DATA ELEMENTS FOR HEALTH CARE CLIENT IDENTIFIERS
FOR RESTRICTED PURPOSES

2.3.2 Individual Medicare Card Number

Definition:	A person identifier allocated by Medicare Australia to eligible persons under the Medicare scheme.		
Source standards:	HL7 (<i>Patient & PID-3 Patient identifier list</i>)		
METeOR:	Person–government funding identifier, Medicare card number (METeOR id: 270101)		
Data type:	Numeric	Representational class:	Identifier
Field size:	11	Representational layout:	N(11)
Data domain:	This item is a concatenation of the following standard data elements in the following sequence: 1. Medicare Card Number. 2. Medicare Card Issue Number. 3. Medicare Card Individual Reference Number. The combination of Medicare Card Number, Medicare Card Issue Number and Medicare Card Individual Reference Number refers to a person and the combination cannot be recycled, even if the original person no longer appears on the card. The following values should be used: • Ineligible for Medicare use ‘00000000009’. • Eligible but unregistered use ‘00000000000’. • Registered but card unavailable use ‘99999999999’. • Unknown Medicare Card Number use ‘88888888888’. Figure 4 shows the composition of the 11 character number.		

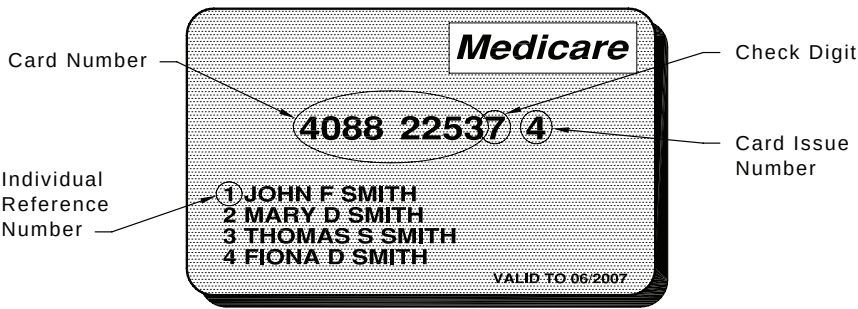


FIGURE 4 TYPICAL MEDICARE CARD SHOWING CARD NUMBER AND LAYOUT

(Victorian Department of Human Services, *Client Data Standards: V. 3*, Victoria: 2000)

Guide for use:	The Medicare Card Number should only be collected from clients eligible to receive health services that are to be funded by the Commonwealth government. The number should be reported to the appropriate government agency to reconcile payment for the service provided. <i>The data should not be used by private sector organizations for any other purpose unless permitted by law.</i> For example, data linkage should not be carried out unless specifically authorized by law.
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Ineligible clients are:

- (a) Overseas visitors who come from a non-reciprocal country.
- (b) Temporary residents (except temporary residents from reciprocal country).
- (c) Overseas visitors travelling on a student visa (except if from Sweden or Norway).
- (d) Overseas visitors who reside in Malta and Italy whose visa is greater than six months.

NOTE: Please confirm with the Medicare Australia on the latest ineligibility business rules.

Veterans may have a Medicare Card Number and a Department of Veterans' Affairs (DVA) Number or only a DVA Number.

Verification rules: Accept allowed values or 000000000000, 000000000009, 999999999999, or 888888888888.

Collection methods: **Check digit algorithm**

The Medicare Card Number Check Digit Algorithm should be installed within client registration or master index systems to check the validity of the Medicare Card Number at the time and point of entry in the health establishment. Details of the algorithm can be obtained from the Medicare Australia web site at www.medicareaustralia.gov.au under 'Health Software Vendors' and 'Formats and Specifications'. The file 'Medclaims' provides the 'Medclaims Format', September 1998, and details the algorithm. Alternatively, contact your State/Territory Health Authority.

2.3.2.1 Medicare Card Number

Definition: The number that identifies the physical Medicare Card.

Source standards: HL7 (*Patient & PID-3 Patient identifier list*)

Data type: Numeric **Representational class:** Identifier

Field size: 9 **Representational layout:** N(9)

Data domain:

Guide for use: This is a composite part of the Individual Medicare Card Number.
The Medicare Card Number is used to group individuals together, usually in a family group. Children may exist on several Medicare Cards when they may be part of several family groups where different people may be responsible for medical care.

For example: The child may be registered on both the mother's and father's Medicare Card where they each have separate responsibility for the child.

Medicare Card Number example: 2010 12345

Verification rules:

Collection methods:

2.3.2.2 Medicare Card Issue Number

Definition: A number that indicates which version of the Medicare Card is used.

Source standards: HL7 (*Patient & PID-3 Patient identifier list*)

Data type: Numeric **Representational class:** Text

Field size: 1 **Representational layout:** N(1)

Data domain: 1-9

Guide for use: This is a composite part of the Individual Medicare Card Number. This number cycles around from 1 to 9 and back to one again.

Verification rules:

Collection methods:

2.3.2.3 Medicare Card Individual Reference Number

Definition: The number that indicates the order of the people on the Medicare Card.

Source standards: HL7 (*Patient & PID-3 Patient identifier list*)

Data type: Numeric **Representational class:** Text

Field size: 1 **Representational layout:** N(1)

Data domain:

Guide for use: This is a composite part of the Individual Medicare Card Number. A large family group cannot be displayed on one Medicare Card. They must be issued with multiple cards. Each individual on the Medicare Card (up to 5 on each Medicare Card) is issued a unique Individual Reference Number.

The combination of Medicare Card Number, Medicare Card Issue Number and Medicare Card Individual Reference Number refers to a person and the combination cannot be recycled, even if the original person no longer appears on the card.

Verification rules:

Collection methods:

2.3.3 Department of Veterans' Affairs File Number

Definition: A person identifier allocated by the Department of Veterans' Affairs (DVA) as the key of the DVA Client Data Base record.

Source standards: HL7 (PID-3 *Patient identifier list*)

METeOR: Person–government funding identifier, Department of Veterans' Affairs file number (METeOR id: 270091)

Data type: Alphanumeric **Representational class:** Identifier

Field size: 9 **Representational layout:** AAANNNNNA

Data domain: The DVA file number consists of:

1st character is the *State Code* (an alpha).

'N' 'V' 'Q' 'W' 'S' or 'T' for the appropriate State/Territory.

ACT is included in NSW (N) and NT with SA (S).

Next 7 characters are the *File Number*, made up of a *War Code* and numeric digits:

- If the War Code is 1 alpha character, add 6 digits (ANNNNNN).
- If the War Code is 2 alpha characters, add 5 digits (AANNNNN).
- If the War Code is 3 alpha characters, add 4 digits (AAANNNN).

9th character is the *Segment Link* (an alpha) that represents members related to the veteran. The alpha code is generated in the order that cards are issued. For example A, B, C, D etc.

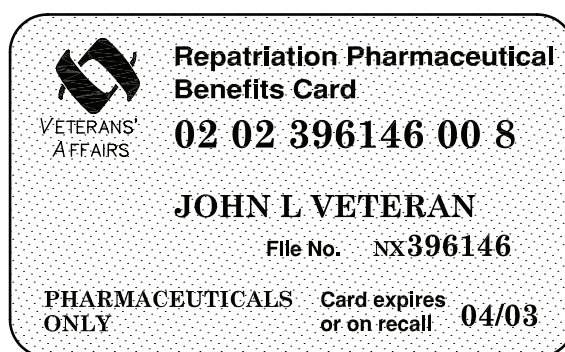
NOTE: For Veterans the 9th character is left blank.

Figure 5 shows the composition of the nine character number.

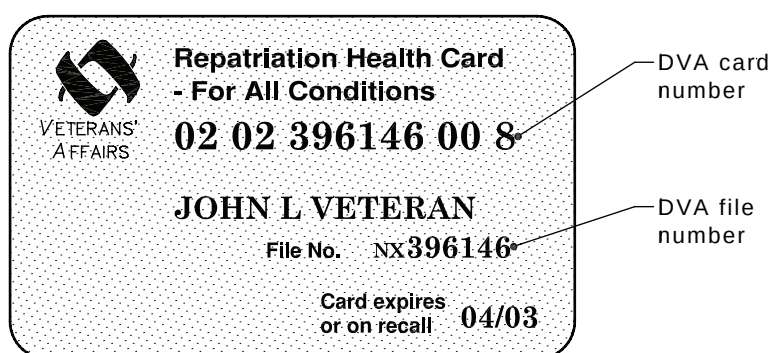
DVA Card Number: This number is the digitized version of the file number. If paper claims are optically scanned by the Medicare Australia the digitized version of the file number is picked up by the scanner and converted to the normal file number format. For manual claims, the Gold and White cards may be used in conjunction with an imprinter. This method records the DVA file number and other card details on a manual voucher.



(a) The DVA White Card (for specific conditions)



(b) The DVA Orange Repatriation Pharmaceutical Benefits Card (Pharmaceuticals only)



(c) The DVA Gold Card (for all conditions)

All cards may be used in conjunction with a imprinter.
This method records the DVA file number and other card details on a manual voucher.

FIGURE 5 TYPICAL REPATRIATION HEALTH CARD SHOWING DVA CARD NUMBER AND LAYOUT

Guide for use: All veterans and veteran community clients are issued with a DVA File Number. The veteran community may access many different benefits, ranging from pensions to health services, through their DVA File Number.

The DVA File Number should only be collected from clients eligible to receive health services that are to be funded by the DVA. The number may be reported to the appropriate government agency to reconcile payment for the service provided. *The data should not be used by private sector organizations for any other purpose unless permitted by law.* For example, private sector organizations should not use the DVA File Number for data linking unless specifically authorized by law.

NOTE: Veterans may have a Medicare Card Number and a Department of Veterans' Affairs (DVA) Number *or* only a DVA Number.

Verification rules:

Collection methods:

Comments: DVA has three (3) types of health cards—the Gold Card, White Card and Repatriation Pharmaceutical Benefits Card. Each card indicates, to the health provider, the level of health services the holder is eligible for at the DVA expense.

Gold Card enables the holder to access a comprehensive range of health care and related services, for all conditions, whether they are related to war service or not.

White Card enables the holder to access health care and associated services for war or service-related conditions. Veterans of Australian forces may also be issued this card to receive treatment for malignant cancer, pulmonary tuberculosis and post traumatic stress disorder and, for Vietnam veterans only, anxiety or depression, irrespective of whether these conditions are related to war service or not.

White Card holders are eligible to receive, for specific conditions, treatment from registered medical, hospital, pharmaceutical, dental and allied health care providers with whom DVA has arrangements.

A White Card is also issued to eligible ex-service personnel who are from other countries, which enter into arrangements with the Australian government for the treatment of the conditions that these countries accept as war related.

NOTE: When a Gold/White Card holder accesses health services at DVA expense, the DVA File Number is critical and should be used. The person's Medicare Card Number is not required or relevant.

It should be noted that there are a number of Gold Card holders who do not have a Medicare Card.

Repatriation Pharmaceutical Benefits Card (RPBC) is an orange coloured card issued to eligible veterans and merchant mariners from Britain, Commonwealth and other allied countries. This card enables the holder to access the range of pharmaceutical items available under the Repatriation Pharmaceutical Benefits Scheme (RPBS). It does not provide access to other health services.

2.3.4 Centrelink Customer Reference Number

Definition:	A person identifier allocated by Centrelink for the purposes of identifying people (and organizations) eligible for specific services, including some public health care services, such as oral health services.		
Source standards:	HL7 (PID-3 <i>Patient identifier list</i>)		
Data type:	Alphanumeric	Representational class:	Identifier
Field size:	10	Representational layout:	NNNNNNNNNA
Data domain:	The reference number is comprised of 9 numeric characters and one alphabetic character.		
Guide for use:	The Centrelink Customer Reference Number should only be collected from clients eligible to receive health services that are to be funded by Centrelink. The number may be reported to a Centrelink agency to reconcile payment for the service provided. The data should not be used by private sector organizations for any purpose unless specifically authorized by law. For example, data linkage should not be carried out unless specifically authorized by law.		
Verification rules:			
Collection methods:	The Centrelink Customer Reference Number is provided on 'Health Care Cards' and 'Pensioner Concession Cards'.		
Comments:	When a person accesses health services on the basis of being a Centrelink Customer, collection of the Centrelink Customer Reference Number is usually necessary. This data should not be collected and recorded if it is not needed to support the provision of such health services.		

SECTION 3 HEALTH CARE CLIENT NAME

3.1 GENERAL

Health Care Client Name is a composite data element that is captured through the combination of the data elements set out in Table 6.

TABLE 6
HEALTH CARE CLIENT NAME DATA ELEMENTS

Clause	Data element name	Opt.	Recommended max. field size	Data type	Rep. class	Rep. layout	Repeat data element	Example
3.2	Health Care Client Name	R	250				Y	
3.2.1	Name Title	O	12	Alpha-numeric	Text	AN(12)	Y	Dr
3.2.2	Name Title Sequence Number	O	1	Numeric	Code	N(1)	Y	1
3.2.3	Family Name	R	40	Alpha-numeric	Text	AN(40)	N	Brown
3.2.4	Given Name	O	40	Alpha-numeric	Text	AN(40)	Y	Mary
3.2.5	Given Name Sequence Number	O	1	Numeric	Code	N(1)	Y	1
3.2.6	Name Suffix	O	12	Alphabetic	Text	A(12)	Y	Jnr (Junior)
3.2.7	Name Suffix Sequence Number	O	1	Numeric	Code	N(1)	Y	1
3.2.8	Name Usage	O	1	Numeric	Code	N(1)	Y	1
3.2.8.1	Name Usage Start Date	O	8	Date/Time	Date	N(8)	N	01042006
7.2	Name Usage Start Date Accuracy Indicator	O	3	Alphabetic	Code	A(3)	N	AAE
3.2.8.2	Name Usage End Date	O	8	Date/Time	Date	N(8)	N	22062006
7.2	Name Usage End Date Accuracy Indicator	O	3	Alphabetic	Code	A(3)	N	AAE
3.2.9	Preferred Name Indicator	O	1	Alphabetic	Text	A(1)	Y	Y
3.2.10	Name Conditional Use Flag	O	1	Numeric	Code	N(1)	Y	2 (Name Not To Be Used)

LEGEND:

Opt. = Optionality

R = Required

O = Optional

There may be more than one name recorded for each Client. At least one name should be captured. The range of Name Usage that may be captured (as appropriate for each health care client) include:

- (a) Registered Name (Legal Name)
- (b) Reporting Name
- (c) Newborn Name
- (d) Professional or Business Name
- (e) Maiden Name (Name at birth)
- (f) Other Name (Alias)

Table 7 provides examples of Health Care Client Name.

TABLE 7
EXAMPLES OF HEALTH CARE CLIENT NAMES

Events	Name title	Name title seq. no.	Family name	Given name	Given name seq. no.	Given name	Given name seq. no.	Name suffix & seq. no.	Name usage	Preferred name indicator	Name conditional use flag
An unnamed newborn is registered	Miss	1	Jones	Baby 1 of Louise	1				3 (Newborn)	Y	
The same client is admitted as a child	Miss	1	Jones	Mary	1	Georgina	2		1 (Registered)	Y	
Then again as a teenager	Ms	1	Jones	Georgina	1				1 (Registered)	Y	
	Ms	1	Jones	Mary	1	Georgina	2		2 (Reporting)	N	
And again as an adult	Mrs	1	Smith	Mary	1	Georgina	2		2 (Reporting)	N	
	Mrs	1	Smith	Georgina	1				1 (Registered)	Y	
	Ms	1	Jones	Georgina	1				5 (Maiden)	N	
	Mrs	1	Jones-Smith	Georgina	1				8 (Other)	N	

Each of the Health Care Client Name data elements is described separately in Figure 6.

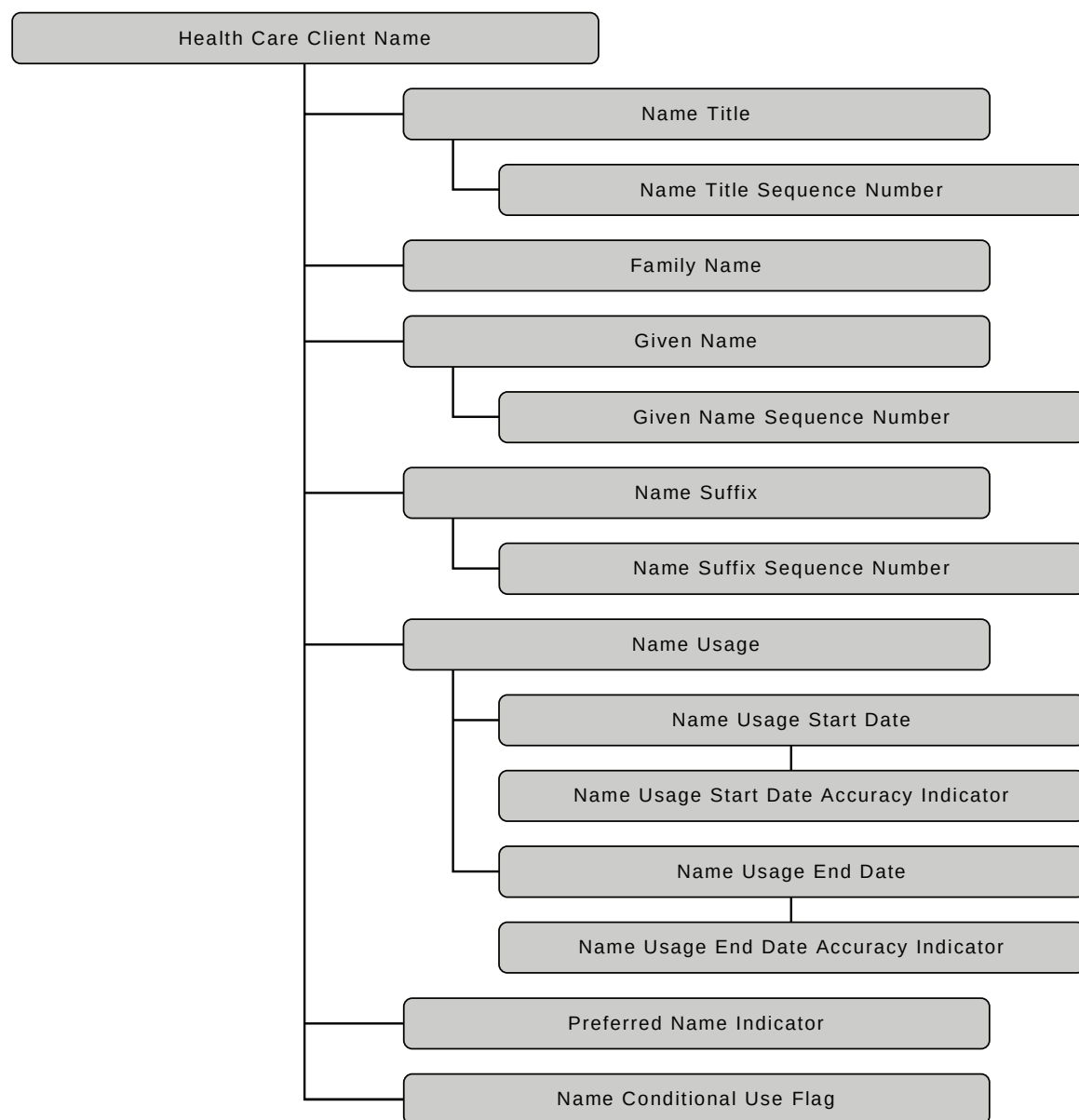


FIGURE 6 DATA ELEMENTS FOR HEALTH CARE CLIENT NAME

3.2 HEALTH CARE CLIENT NAME

3.2.1 Name Title

Definition: An honorific form of address commencing a name.

Source standards: AS 4590
HL7 (PID-5 *Patient name*, in part)

Data type: Alphanumeric **Representational class:** Text

Field size max: 12 **Representational layout:** AN(12)

Data domain: Name Title should be abbreviated in accordance with AS 4590. The following is a list of commonly used abbreviations (see also AS 4590).

Name Title	Abbreviation
Brother	Br
Dame	Dame
Doctor	Dr
Master	Mstr
Miss	Miss
Mister	Mr
Mrs	Mrs
Ms	Ms
Professor	Prof
Reverend	Rev
Sir	Sir
Sister	Sr

Guide for use: Name title should not be confused with job title.

Mixed case should be used (rather than upper case only).

An example of Name Title is 'Mr' for Mister.

Multiple Name Titles may be recorded. Each Name Title must have a Name Title Sequence Number recorded.

Example: 'Professor Sir John Markham' would have Name Title Sequence Numbers assigned as follows:

- 1 'Prof' and
- 2 'Sir'.

That is, 'Professor' would have a Name Title Sequence Number of 1 and 'Sir' would have a Name Title Sequence Number of 2.

Verification rules: Title of 'Master' should only be used for clients less than 15 years of age (warning edit).

Title of 'Doctor' and 'Professor' should only be applicable to clients of greater than 20 years of age (warning edit).

Titles of Dame, Miss, Mrs, Ms and Sr only accepted for females.

Titles of Br, Mstr, Mr and Sir only accepted for males.

Collection methods:

3.2.2 Name Title Sequence Number

Definition: The numeric order of an honorific form of address commencing a name, used when addressing a health care client by name, whether by mail, by phone, or in person.

Source standards: AS 4846

Data type: Numeric **Representational class:** Code

Field size max: 1 **Representational layout:** N(1)

Data domain:	Code	Descriptor
	1	First name title
	2	Second name title
	3	Third name title
	4	Fourth name title
	5	Fifth name title
	6	Sixth name title
	7	Seventh name title
	8	Eighth name title
	9	Ninth and subsequent name title

Guide for use: To be used in conjunction with Name Title.

Multiple Name Titles may be recorded. Each Name Title must have a Name Title Sequence Number recorded.

Example: 'Professor Sir John Markham' would have Name Title Sequence Numbers assigned as follows:

- 1 'Prof' and
- 2 'Sir'.

That is, 'Prof' would have a Name Title Sequence Number of 1 and 'Sir' would have a Name Title Sequence Number of 2.

Verification rules:

Collection methods:

3.2.3 Family Name

Synonyms: Surname, Last Name.

Definition: That part of a name a person usually has in common with some other members of his/her family, as distinguished from his/her given names.

Source standards: HL7 (PID-5 *Patient name*, in part)
NSFEG

Data type: Alphanumeric **Representational class:** Text

Field size max: 40 **Representational layout:** AN(40)

Data domain:

Guide for use:

Verification rules: Alphabetic characters, tilde (~), punctuation (.,-) and spaces only.

Collection methods: Mixed case should be used.

Family name should be recorded in the format preferred by the client. The format should be the same as that indicated by the client (e.g. written on a (pre) registration form) or in the same format as that printed on an identification card (e.g. Medicare Card), to ensure consistent collection of name data.

It is acknowledged that some people use more than one family name (e.g. formal name, birth name, married/maiden name, tribal name) depending on the circumstances. A Name Usage should be recorded against each recorded Family Name (see Clause 3.2.8).

A person is able to change his or her name by usage in all States and Territories of Australia with the exception of Western Australia, where a person may change his or her name under the *Change of Name Act*. Care should be taken when recording a change of name for a minor. Ideally, the name recorded for the minor should be known to both of his/her parents, so the minor's records can be retrieved and continuity of care maintained, regardless of which parent accompanies the minor to the health care establishment.

A health care client should generally be registered using their Registered Name as it is more likely in common usage and more likely to be used on subsequent visits to the health care establishment. The client's Registered Name may in fact be the name on their Medicare Card. The Name Usage data element (see Clause 3.2.8) can be used to distinguish between the different types of names that may be used by the health care client. Some agencies promote use of name required for identification purposes (e.g. Medicare Card name) as this is used for linkage i.e. for payment (insurance companies). A Registered Name should also be recorded where appropriate.

The following format may assist with data collection:

What is your family name?

Are you known by any other family names that you would like recorded? If so, what are they?