



### Purpose of this form

This is an application for registration as a consumer under the *My Health Health Records Act 2012*. Registration for a My Health Record is voluntary.

If you would prefer, you can register free of charge online at [www.myhealthrecord.gov.au](http://www.myhealthrecord.gov.au), by phoning 1800 723 471, by mail using a different form, or in a Medicare shopfront.

**Important: You need to read the essential information before you sign this application.**

### Application for yourself

Please provide the following information about **yourself**

#### 1 Family name

First given name

#### 2 Date of birth

 /  / 

#### 3 Sex

Male  Female

#### 4 Provide **ONE** of the following:

Your Medicare card number

 -  -  **OR**

Your DVA file number

### Please read this before answering question 5

**Question 5 is optional.** This information will assist in the planning and provision of appropriate and improved healthcare and services. If you do not answer your My Health Record will show 'not stated'.

#### 5 Are you of Aboriginal or Torres Strait Islander origin?

- No  
 Yes, Aboriginal  
 Yes, Torres Strait  
 Yes, both Aboriginal and Torres Strait Islander

### Please read this before answering question 6

Upon the success of your application, we will provide you with an Identity Verification Code (IVC) to access your My Health Record online.

#### 6 How do you wish to receive your Identity Verification Code?

By email to:

  


By SMS to:

Through the healthcare provider organisation

Authorised staff member notes:

#### 7 Please indicate which Medicare information, if any, you consent to being included in your My Health Record:

- details of **all future** claims made for Medicare benefits when you receive a healthcare service that is covered under the Medicare Benefits Schedule\*  
 **AND** details of any **past** claims for Medicare benefits, if available\* (This option is only available if you have selected 'all future claims' above.)  
 details of **all future** claims made for Pharmaceutical benefits when you receive medication that is covered under the Pharmaceutical Benefits Scheme\*\*  
 **AND** details of any **past** claims for Pharmaceutical benefits, if available\*\* (This option is only available if you have selected 'all future claims' above.)  
 your organ and/or tissue donation decision(s), which are sourced from the Australian Organ Donor Register  
 details of immunisations up until the age of 7, sourced from the Australian Childhood Immunisation Register

#### Note:

\* includes claims successfully processed on behalf of the Department of Veterans' Affairs (DVA), in accordance with eligibility entitlements provided by DVA.

\*\* includes claims successfully processed on behalf of DVA under the Repatriation Pharmaceutical Benefits Scheme.

### 8 Application to register and consent to include information

I apply for registration and:

- declare that the information in this application is correct and any supporting evidence submitted by me is correct
- consent to records containing my health information being uploaded to the My Health Record system by registered healthcare provider organisations involved in my care, subject to any express advice I give to my healthcare providers not to upload a particular record, a specified class of records, or any records
- declare that I have received and read the 'Essential Information about assisted My Health Record registration' document provided by the assisting healthcare provider organisation

Applicant's signature

Date

 /  / 

**Note:** Giving false or misleading information is a serious offence.

