



Purpose of this form

This is an application for registration of a dependent under the age of 18 years under the *My Health Records Act 2012*. Registration for a My Health Record is voluntary. Questions 1 – 4 must be completed by the person with **parental responsibility** for this dependent.

You can also register free of charge online at 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.

About yourself

Please provide the following information about **yourself**

1 Family name

First given name

2 Date of birth / / 3 Sex Male Female

4 Provide your Medicare card number

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Application for a child

Please provide the following information about **the child**

5 Family name

First given name

6 Date of birth / / 7 Sex Male Female

Only complete question 8 if the child is not on your Medicare card. Your assertion of parental responsibility must be supported by the healthcare provider organisation assisting you register

8 Provide the child's Medicare card number

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Question 9 is optional. This information will assist in the planning and provision of appropriate and improved healthcare and services. If you do not answer the child's My Health Record will show 'not stated'.

9 Is the child of Aboriginal or Torres Strait Islander origin?

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

Only complete question 10 if you have **NOT** created your own My Health Record.

10 How do you wish to receive your Identity Verification Code?

By email to:

 @

By SMS to:

AUTHORISED STAFF USE ONLY

ID cited Initials:

Authorised staff member notes:

11 Please indicate which Medicare information, if any, you consent to being included in the child's My Health Record:

- Details of **all future** claims made for Medicare benefits when the child receives 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 the child receives 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.)
- The child's organ and/or tissue donation decision(s), which are sourced from the Australian Organ Donor Register
- Details of the immunisations administered to the child up until the age of 7, which are 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.

12 Application to register, parental declaration, and consent to include information

I apply for registration for this child and:

- declare that the information in this application is correct and any supporting evidence submitted by me is correct
- declare that I have parental responsibility for the child
- consent to records containing the child's health information being uploaded to the My Health Record system by registered healthcare provider organisations involved in the child's care, subject to any express advice I give to the 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 healthcare provider organisation.

Applicant's signature

Date

 / /

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

