



Cancel a dependant's My Health Record registration form

PURPOSE OF THIS FORM

Use this form if you want to cancel your dependant's My Health Record and you are authorised to act on behalf of your dependant.

If you already have access to your dependant's record as their authorised representative, you can cancel their record online by logging in to their My Health Record. Follow the [step-by-step instructions online](#).

In this form, the terms 'we' and 'us' mean the Australian Digital Health Agency (the Agency). These terms may also refer to the Agency's delegates, including the Chief Executive Medicare and relevant contracted service providers that help carry out My Health Record functions.

When we cancel your dependant's My Health Record, all the health information included in the record, including any backups of the information that have been made, is permanently deleted. We will retain your name and Individual Healthcare Identifier (IHI), your authorised representative status as the person who requested the cancellation, your dependant's name and IHI, and the cancellation date. Your dependant's health information may still be held by the organisation that added it to their My Health Record.

We will let you know by mail (and SMS or email, if requested) when we have processed your request to cancel your dependant's My Health Record.

Note: If the dependant's My Health Record is being managed by other authorised representatives, we won't delete the record immediately. We will write to all other authorised representatives informing them of your cancellation request. If they oppose the request, we will contact you for further information to support your request to cancel. No one will be able to access the record during this time. If you are concerned about other authorised representatives being informed that you have requested to cancel this record, **please call the My Health Record Help line on 1800 723 471 before submitting this form.**

IF WE NEED TO CONTACT YOU

If we need to contact you about this request, we will use the phone number you provide at question 8 in this form. If we cannot contact you on this number, we will use your email address if you provide one. If we don't have your phone number or email, we will write to you using your mailing address held by Medicare, the Healthcare Identifiers Service, or the Department of Veterans' Affairs (DVA).

IF YOU NEED TO CONTACT US

Phone us on **1800 723 471** (option 1) 24 hours a day, 7 days a week, except for national public holidays.

PRIVACY COLLECTION NOTICE

Submitting this form will notify the Australian Digital Health Agency (the System Operator under the *My Health Records Act 2012*), that you want to cancel your dependant’s My Health Record registration.

The collection, use and disclosure of personal information in this form is authorised by the *My Health Records Act 2012*, the *Healthcare Identifiers Act 2010* and the *Privacy Act 1988*.

If the information you provide in this form is incomplete, incorrect, or illegible, we may not be able to accurately identify you. If this is the case, we will attempt to contact you using the contact details you provide in this form. However, if we cannot contact you or you do not provide the information we need, we may not be able to cancel your dependant’s My Health Record.

Why we collect personal information

We use personal information in this form to:

- verify your and your dependant’s identity
- check whether a My Health Record exists for your dependant
- verify that you are the dependant’s authorised representative
- cancel your dependant’s My Health Record registration.

What personal information is disclosed to cancel your My Health Record registration?

We will disclose the information in this form to Medicare to verify your identity.

For more information

The My Health Record privacy policy outlines how we manage your health and other personal information. It also explains how you can access and correct personal information or make a privacy complaint. Access the [privacy policy](#) or by calling **1800 723 471**.

YOUR DETAILS

1. Family name

2. First given name

3. Other name(s)

4. Sex Male Female

5. Date of birth (dd/mm/yyyy)

6. Please provide ONE of the following:

Your Medicare card number	Your Individual Reference Number (IRN) (number beside your name)
---------------------------	--

OR

Your Department of Veterans’ Affairs (DVA) card number

OR

Your Individual Healthcare Identifier (IHI)

i Note: These numbers are either on the front of your Medicare or DVA card or in the IHI letter that was issued with your name on it.

7. Current address

i (If this address is not the same as the one recorded with Medicare, DVA or Healthcare Identifiers Service, please update it before submitting this form. To update your address, call Services Australia on **132 011** or DVA on **133 254**.)

Address

Suburb:

State:

Postcode:

8. Contact number**Your best contact number including your area code****Your email address (optional)**

i Note: We will use this number (or email address if provided) only if there is an issue processing this form.

9. We will notify you by mail when we cancel your dependant's My Health Record registration.**Do you also want to be notified electronically?**

Select ONE option only.

 NO YES Email Address YES Mobile Number**YOUR DEPENDANT'S DETAILS****10. Family name****11. First given name****12. Other name(s)****13. Sex** Male Female**14. Date of birth (dd/mm/yyyy)****15. Please provide ONE of the following for your dependant****Their Medicare card number****Their Individual Reference Number (IRN) (number beside their name)**

OR

Their Department of Veterans' Affairs (DVA) card number

OR

Their Individual Healthcare Identifier (IHI)

i Note: These numbers are either on the front of their Medicare or DVA card or in the IHI letter that was issued with their name on it.

YOUR SIGNATURE

I request the cancellation of my dependant's My Health Record registration and understand:

- other authorised representatives on my dependant's My Health Record will be notified of this request and will have the opportunity to object to the cancellation. No one will be able to access my dependant's My Health Record during this time, and
- cancelling my dependant's My Health Record will permanently delete my dependant's My Health Record and the health information contained within it, however, my name and IHI, my dependant's name and IHI, and the cancellation date will be retained, and
- the information in my dependant's My Health Record will be no longer available, even in the event of an emergency, and
- deleted information can't be retrieved, even if my dependant is re-registered with My Health Record in the future, and
- healthcare providers may have copies of my dependant's health information stored in their own record-keeping systems. Cancelling a My Health Record registration will not delete the copies stored in my dependant's healthcare providers' local systems.

I declare that the information in this application form is accurate, and any supporting documents are correct.

Date: _____

Applicant's signature

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

i Note: To cancel more than one dependant's My Health Record, please complete pages 2-4 for each dependant and send the pages with this form along with documents to confirm you are an authorised representative for each dependant, if required.

IMPORTANT - BEFORE YOU SUBMIT TO THIS FORM

Before you submit this form, make sure you have:

- answered every question, and signed and dated the form
- included certified copies of your identity documents (which add up to 100 points) as outlined on pages 5-6
- included certified copies of documents that prove you have authority to cancel your dependant's record, if required, as outlined on page 7

WHERE TO SEND THIS FORM

Mail your completed and signed form, and all supporting documents to:

My Health Record
GPO Box 9942
Sydney NSW 2001

DOCUMENTS TO PROVIDE WITH THIS FORM

You must provide identity documents with this application.

If you are not already an authorised representative for your dependant, you must also provide documents to confirm you are authorised to cancel their My Health Record.

These documents must be in English and be **certified copies** of the original document.

WHAT IS A 'CERTIFIED COPY'?

A 'certified copy' is a photocopy of an original document that has been endorsed by an appropriate person (see page 8-9) as being a true copy of the original.

The certification must state that the certifier has sighted the original document and believes the copy to be a true copy of the original document. The certifier must sign the copy by hand and include the date, their full name, address or contact phone number, and occupation as listed on pages 8-9.

More than one document can be photocopied onto the same page, but each document on a page must be certified separately. Provide the front and back of the document if stated in the Identity documents table below.

Documents not in English must be translated into English. Provide certified copies of the original, non-English document and the English translation.

Provide the certified copy with the hand-written signature - do not send a photocopy of the certification.

Documents can be certified at any time before we receive them. However, the original document must still be valid at the time we receive the certified copy except for expired passports as listed below in the primary documents table.

IDENTITY DOCUMENTS

You must provide documents that prove your identity.

You can provide either:

- one primary and one secondary document from the list below,
- or
- a combination of secondary documents from the list below.

The documents must add up to at least 100 points.

The following table lists the documents you can provide and how many points each document is worth.

PRIMARY DOCUMENTS – YOU CAN PROVIDE ONE PRIMARY DOCUMENT ONLY	POINTS
<input type="checkbox"/> Australian birth certificate issued by Births, Deaths and Marriages <input type="checkbox"/> Australian citizenship certificate <input type="checkbox"/> Current Australian passport <input type="checkbox"/> Current foreign passport with a valid Australian visa <input type="checkbox"/> Expired Australian passport which has not been cancelled and was current within the last three years <input type="checkbox"/> Australian ImmiCard <input type="checkbox"/> Certificate of identity or document of identity issued by the Department of Foreign Affairs and Trade <input type="checkbox"/> Australian armed service papers <input type="checkbox"/> Other document of identity equivalent to a passport, e.g. diplomatic documents	70

SECONDARY DOCUMENTS – YOU CAN PROVIDE MORE THAN ONE SECONDARY DOCUMENT. YOU CAN PROVIDE TWO DOCUMENTS FROM THE FIRST SECTION BELOW BUT ONLY ONE DOCUMENT FROM OTHER SECTIONS	POINTS
The following must show your name and photo:	
<input type="checkbox"/> Driver licence issued by an Australian state or territory <input type="checkbox"/> Licence or permit issued under an Australian, or an Australian state or territory, government law, e.g. a boat licence or firearm licence <input type="checkbox"/> Identification card issued to an Australian state, territory or Commonwealth government employee <input type="checkbox"/> Identification card issued by an Australian state, territory or Commonwealth government, e.g. proof of age card	70
The following must show your name and address:	
<input type="checkbox"/> Mortgage or other instrument of security held by a financial body <input type="checkbox"/> Local government (council) land tax or rates notice (must be less than 12 months old) <input type="checkbox"/> Land Titles Office record	40
The following must show your name:	
<input type="checkbox"/> Medicare card <input type="checkbox"/> DVA card <input type="checkbox"/> A card issued by an Australian state, territory or Commonwealth government as evidence of the person's entitlement to a financial benefit e.g. Seniors Card, Pensioner Concession Card, Health Care Card <input type="checkbox"/> Australian student Identification card from a secondary school, TAFE, university or Registered Training Organisation (must have a photo or signature) <input type="checkbox"/> Marriage certificate (as evidence of maiden name only)	35
The following must show your name and signature (provide front and back of document to show signature if necessary):	
<input type="checkbox"/> Credit, debit or EFTPOS card issued by an Australian bank or financial institution <input type="checkbox"/> Documents issued by foreign governments e.g. foreign driver licence <input type="checkbox"/> Membership to a registered club <input type="checkbox"/> Membership to a recognised motoring association, e.g. NRMA, RACQ, RACV	35
The following must show your name and address:	
<input type="checkbox"/> Records of public utility – phone, water, gas or electricity (must be less than 12 months old) <input type="checkbox"/> Records of financial institution issued by an Australian bank, credit union or building society <input type="checkbox"/> Lease/rental agreement	35
The following must show your name:	
<input type="checkbox"/> Australian Educational Certificate from a school, TAFE, university or Registered Training Organisation <input type="checkbox"/> Record of membership of an Australian professional or trade association	25
Total points	

DOCUMENTS TO CONFIRM YOU HAVE AUTHORITY TO CANCEL YOUR DEPENDANT'S RECORD

If you are already an authorised representative for the My Health Record you want to cancel, you do not need to provide documents to confirm your authority to cancel the record.

However, if you are **not** already an authorised representative for the My Health Record you wish to cancel, you must provide proof that you have the authority to cancel your dependant's record.

IF YOUR DEPENDANT IS UNDER 14 YEARS

If you have parental responsibility for your dependant, provide a certified copy of **one** of the following

- your Medicare card, which shows your name and your child's name
- the child's birth certificate, which shows you are the child's parent
- the child's passport, which shows you are the child's parent
- a parenting order made under the *Family Law Act 1975* that shows you have parental responsibility for your child
- an order from an Australian court or tribunal that shows you are the child's parent
- adoption papers that show you are the child's adoptive parent.

If there is no one with parental responsibility but you have legal authority for your dependant, provide a certified copy of **one** of the following:

- an order from an Australian court or tribunal that shows you are authorised by law to act on behalf of the child
- a document from a child welfare agency that identifies you as the child's foster carer or other carer.

If there is no one with parental responsibility and no one has legal authority for the dependant, provide a statutory declaration that includes **all** the following:

- your relationship with the dependant
- a declaration that to the best of your knowledge there is no person with parental responsibility or who is authorised by law to act on behalf of the dependant
- an explanation of why you are an appropriate person to be the dependant's authorised representative.

IF YOUR DEPENDANT IS 14 YEARS OR OLDER

To cancel the record of a dependant 14 years or older, the dependant must lack capacity to make decisions for themselves.

You must provide written advice (original document or certified copy) from a medical practitioner or psychologist that shows the dependant is not capable of making decisions for themselves.

You must also provide evidence of your authority to act on behalf of your dependant as follows:

- If you have legal authority for your dependant, provide a certified copy of one of the following:
 - Enduring Guardianship or Guardianship Order (that allows you to make medical and health decisions for your dependant)
 - Enduring Power of Attorney (that allows you to make medical and health decisions for your dependant)
 - an order from an Australian court or tribunal that shows you are authorised by law to act on behalf of the dependant (that allows you to make medical and health decisions for your dependant).
- If there is no one with legal authority for your dependant, provide a statutory declaration that includes **all** the following:
 - your relationship with the dependant
 - a declaration that to the best of your knowledge there is no person who is authorised by law to act on behalf of the dependant
 - an explanation of why you are an appropriate person to be the dependant's authorised representative.

THESE PEOPLE CAN CERTIFY YOUR DOCUMENTS**1. A person who is currently licensed or registered under a law to practice in one of the following occupations:**

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon

2. A person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described)**3. A person who is in the following list:**

- Agent of the Australian Postal Corporation who oversees an office supplying postal services to the public
- Australian consular officer or Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*)
- Bailiff
- Bank officer with five or more continuous years of service
- Building society officer with five or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for affidavits
- Commissioner for declarations
- Credit union officer with five or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - in a country or place outside Australia and
 - authorised under paragraph 3(d) of the *Consular Fees Act 1955* and
 - exercising his or her function in that place
- Employee of the Commonwealth who is:
 - in a country or place outside Australia and
 - authorised under paragraph 3(c) of the *Consular Fees Act 1955* and
 - exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with five or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student

- Member of the Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force who is:
 - an officer or
 - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with five or more years of continuous service or
 - a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - the Parliament of the Commonwealth or
 - the parliament of a state or
 - a territory legislature or
 - a local government authority of a state or territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- Notary public
- Permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - the Commonwealth or a Commonwealth authority or
 - a state or territory or a state or territory authority or
 - a local government authoritywith five or more years of continuous service who is not specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or deputy registrar, of a court
- Senior Executive Service employee of:
 - the Commonwealth or a Commonwealth authority or
 - a state or territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution

- END OF FORM -

Save the filled form.

SAVE

Print the form.

PRINT