

Australian Government Australian Digital Health Agency



Communicare Summary Sheet

Assisting a patient to register for a My Health Record

Note:

1. In the Patient

record.

Biographics section, search for and open the patient's local

Select My Health Record Registration (bottom-left corner).

Guidance on preparing your organisation to register patients for a My Health Record can be found at: https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/register-patients-for-my-health-record

E	Earrie Name	Destand No.	
ELIZABETH	CURTIN		No Image
Aborignality Not Stated dideases From 02/12/2014 Line 1 46 Woodlands Ave Line 2 Locality Chester Hill NSW 2162 Phone 0455555555 F Home IF Contact IF Mail Themp Contact Cells	Identification ru Patient ID IHI Number Number Statu MRN MeHE Latt Known Exp CentreLink	mbers 8003 6080 0004 5914 8 Active Record 2950 79008 1 2950 79008 1 9	Reference 1 Check Card Online
Mobile Phone 04555555555 Patient has no	phone	Card Expiry	_
Email patient@testemail.com		•	
Preferred Contact Email	PBS Safety Net Number Valid to	Card Expiry	<u> </u>

- Confirm with the patient what information they consent to being included in their My Health Record and select the corresponding radio buttons.
- 3. Confirm with the patient how they would like to receive their **Identity Verification Code** and select the corresponding radio button.

IHI: 8003608000045914 Medicare Card/R DVA No: Date of Birth: 18/08/1976	lef No: 2950790081 1 Sex: F	
àuardian: Surname: First Given Name: IHI: Date of Birth: Sex:	Medicare Card/Ref No:	Select Guardian
)pt in Information Sharing		
Consent to Share Future MBS Information:	⊂Yes ⊂No 🕶 Blank	
Consent to Share Past MBS Information:	C Yes C No 🖲 Blank	
Consent to Share Future PBS Information:	⊂Yes ⊂No ☉ Blank	
Consent to Share Past PBS Information:	C Yes C No @ Blank	
Consent to Share AODR Information:	⊂Yes ⊂No 🕶 Blank	
Consent to Share ACIR Information:	C Yes ⊂ No . ● Blank	
dentity Verification Code Delivery Method		





- 5. Select the **Declaration** tick box, then select Send Registration **Details to My Health** Record.
- 6. A pop-up will appear warning that you have not printed or scanned the Assisted Registration form. Organisations are no longer required to store a copy of Assisted Registration forms. Select Yes.
- 7. The IVC will be sent to the patient via the IVC **Delivery Method** selected. If Response (returned to user) was selected, the patient's IVC will appear in the pop-up for printing and providing to the patient. Select Print or OK.

Useful Links:

- My Health Record Registration Overview ٠ https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/registration-overview
- Assisted Registration Guide for Healthcare Providers and Readiness Checklist https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/register-patients-for-my-health-record
- **Clinical Software Simulators** https://www.myhealthrecord.gov.au/for-healthcare-professionals/clinical-software-simulators-and-demonstrations

For assistance, contact the Help line on 1800 723 471 (select option 2) www.myhealthrecord.gov.au

Evidence of Identification Identity Verification Method: Attending third or more consultation and Medicare/DVA card [IdentityVerificationMethod] Attending third or more consultation and Medicare/DVA card [IdentityVerificationMethod1] Attending hospital with heric clinical referral and Medicare/DVA card [IdentityVerificationMethod2] Attending benefation for the or more cocasions in the past year and Medicare/DVA card [IdentityVerificationMethod3] Having prescriptions filled on three or more cocasions in the past year and Medicare/DVA card [IdentityVerificationMethod3] Having prescriptions filled on three or more cocasions in the past year and Medicare/DVA card [IdentityVerificationMethod3] ord systel Attending third or more consultation and has a My eHealth Record Coll (IdentityVerificationMethod5] press adv Attending third or more consultation and has a My eHealth Record concurrent (IdentityVerificationMethod5] of records of records Differential explored and attending the System Operator [IdentityVerificationMethod8] Differential explored by the System Operator [IdentityVerificationMethod10] E Scan Form Concurrential explored consistent with My Health Record Consumer (IdentityVerificationMethod10] Concurrential explored by the System Operator [IdentityVerificationMethod10] Secon Form Concurrential explored consistent with My Health Record Consumer (IdentityVerificationMethod10] Concurrential explored consistent with My Health Record Consumer (IdentityVerificationMethod10] Concurrential explored consumer with Any Health Record Consumer (IdentityVerificationMethod10] Concurrential explored consistent with My Health Record Consumer (IdentityVerificationMethod10] Concurrential explored consumer (IdentityVerificationMethod10] Concurrential explored consumer (IdentityVerificationMethod10] Attending the System Operator (IdentityVerificationMethod10] Concurrential explored consumer (IdentityVerificationMethod10] Concurrential explored consumer (IdentityVerificationMethod10] Concurrential explored consumer (IdentityVerificationMethod10] Concurrential explored consumer (IdentityVerificationDetails to My Health Record (IdentityVerificationM Declaration The individual declares that by the individual is correct, to the eHealth record syste subject to any express adv a specified class of records Print Form -Declaration The individual declares that the information in this application is correct and any supporting evidence submitted by the individual is correct. The individual consents to records containing their health information being uploaded to the effeath record system by registered healthcare provider organisations involved in the individual's care, subject to any express advice the individual gives to their healthcare providers not to upload a particular record, a specified class of records, or any records. 🚊 Print Form 🛛 🔿 🔳 Scan Form Send Registration Details to My Health Record 🗙 Cancel Help Warning You have not printed or scanned the Assisted Registration Application form. No form will be sent with the application. Do you wish to continue? Yes No Identity Verification Code

Information My Health Record Registration has been successful for CURTIN, ELIZABETH. This window will now close. ОK

My Health Record Registration has been successful for CURTIN, ELIZABETH. The following IVC Code has been returned: Lhv3Ac8x Please make sure the patient has made a note of this. This window will now close.

УОК

🚞 Print