



# Assisted Registration: Application to Register for a My Health Record

## Purpose of this Form

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

Alternatively, you can register for a My Health Record:

- Online
- By phoning the My Health Record Help line on **1800 723 471**
- By mail
  - see [www.digitalhealth.gov.au](http://www.digitalhealth.gov.au) for information.

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.

## IMPORTANT

You need to read the **Assisted Registration: Essential Information** before you fill out this application. This describes the way in which your personal information will be collected, handled and disclosed if you continue with your application.

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

## To apply

To apply for a My Health Record you must:

- **be 14 years or older**
- **have the capacity to make decisions for yourself**
- **have an Individual Healthcare Identifier (IHI)** – an IHI is a unique 16-digit number used to identify an individual for healthcare purposes. It helps ensure the right information is associated with the right individual at the point of care. **If you are enrolled in Medicare, or are listed on a Medicare or DVA card, you will already have an IHI.** If you are not enrolled in Medicare and are not listed on a Medicare or DVA card, you need to get an IHI before applying for a My Health Record.

## Accessing your My Health Record

We will let you know when you are registered.

Once you are registered, go to [www.my.gov.au](http://www.my.gov.au), log into your myGov account or create a myGov account if you don't have one, and link your myGov account to your My Health Record. You will then be able to view and manage your My Health Record.

## Your details

Please provide the following information about yourself

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

 Note: These numbers are on the front of your Medicare or DVA card

7. Are you of Aboriginal or Torres Strait Islander origin?

Please read this before answering question 7

Question 7 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'.

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

8. How do you wish to receive your Identity Verification Code?

Please read this before answering question 8

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

By SMS to:

By email to:

Through the healthcare provider organisation:

## 9. Information you DO NOT want included in your My Health Record

### Please read this before answering:

The Chief Executive Medicare may hold information about you that will be included in your My Health Record, including details of claims up to 2 years old. The information may indicate diagnosed conditions and illnesses, and can help healthcare providers understand your health.

You can choose not to include this information by ticking one or more boxes below. You can change these settings in your My Health Record at any time.

### Claims for Medicare benefits under the MBS (or DVA claims)\*

Do not include details of past MBS or DVA claims (future claims will be included)

OR

Do not include details of past or future MBS or DVA claims

### Claims for pharmaceutical benefits under the PBS or RPBS\*\*

Do not include details of past PBS or RPBS claims (future claims will be included)

OR

Do not include details of past or future PBS or RPBS claims

### Other information

Do not include organ and/or tissue donation decision(s) sourced from the Australian Organ Donor Register (AODR).

Do not include details of vaccinations sourced from the Australian Immunisation Register (AIR).

### 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.

## Your signature

I understand my health information will be uploaded to the My Health Record system by registered healthcare provider organisations involved in my care, subject to any express advice I give my healthcare providers not to upload that information.

\_\_\_\_\_

Applicant's signature

Date: \_\_\_\_\_

- END OF FORM -