Australian Government
Department of Health

My Health Record

ASSISTED REGISTRATION: Application to Register for a My Health Record – Child

Purpose of this form

This is an application for assisted registration for a dependant 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 dependant.

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 Service Centre.

Important: You need to read the Essential Information before you fill out this application.

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

About yourself

Please provide the following information about yourself

1. Family name

First given name

2. Gender: M ☐ F ☐

3. Date of birth (day, month, year)

☐☐/☐☐/☐☐☐☐

4. Please provide your Medicare number:

☐☐☐☐–☐☐☐☐☐–☐

Application for a child

5. Family name

First given name

6. Gender: M ☐ F ☐

7. Date of birth (day, month, year)

☐☐/☐☐/☐☐☐☐

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. Please provide your child's Medicare number:

☐☐☐☐–☐☐☐☐☐–☐

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, your My Health Record will show 'not stated'.

9. Are you 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 ☐☐☐☐☐☐☐☐☐☐

☐ Through the healthcare provider organisation

11. Please indicate which Medicare information, if any, you would like included in your child's My Health Record.

Medicare Information	YES	NO
Details of **all future claims** made for Medicare benefits when your child receives a healthcare service that is covered under the Medicare Benefits Schedule (MBS)*	☐	☐
Details of **any past claims** for Medicare benefits, if available* (This option is only available if you select 'Yes' for 'all future claims' for MBS above)	☐	☐
Details of **all future claims** made for Pharmaceutical benefits when your child receives medication that is covered under the Pharmaceutical Benefits Scheme (PBS)**	☐	☐
Details of **any past claims** for Pharmaceutical benefits, if available** (This option is only available if you select 'Yes' for 'all future claims' for PBS above)	☐	☐
Your child's **organ and/or tissue donation** decision(s),which are sourced from the Australian Organ Donor Register	☐	☐
Details of **your child's immunisations**, which are sourced from the Australian Childhood Immunisation Register	☐	☐

Please 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.

Important: By completing this form you are consenting to records containing your child's health information being uploaded to the My Health Record system by registered healthcare provider organisations involved in your care, subject to any express advice you give to your healthcare providers not to upload a particular record, a specified class of records, or any records.

Applicant's signature

✍

Date ☐☐/☐☐/☐☐☐☐