



## Purpose of this form

This is an application to the My Health Record system operator (System Operator) for registration as a consumer under the *My Health Records Act 2012* using a pseudonym. Registration for a My Health Record is voluntary.

## Registration Booklet

You should read the essential information contained in the **Registration Booklet, *Connecting your healthcare: a guide to registering for a My Health Record*** prior to completing this form. This booklet provides general information on the My Health Record system. You can access the **Registration Booklet** at [www.myhealthrecord.gov.au](http://www.myhealthrecord.gov.au) or call us on **1800 723 471**. **Note:** call charges apply from mobile phones.

**You need to read the information in the Registration Booklet before you sign this application.**

## When to use this form

Use this form if you want to apply to register for a My Health Record for yourself using a pseudonym Individual Healthcare Identifier (IHI).

You will need to apply for a pseudonym IHI before completing this application. To apply for a pseudonym IHI go to <http://www.humanservices.gov.au/customer/forms/4484> and complete an **Application to request a pseudonym Individual Healthcare Identifier record**.

## Applying

The completed application form can be submitted by mail:

**HI Service  
Department of Human Services  
PO Box 7061  
GREENWAY ACT 2900**

or fax: **1300 654 460**

## Your privacy in the My Health Record system

When you apply for a digital health record, personal information in this form will be collected by the System Operator of the My Health Record system (the Secretary of the Department of Health) to verify your identity, create a record and manage the My Health Record system. To verify your identity the information provided is compared to information held by the Department of Human Services (DHS) as part of the Medicare program. If you are registering a dependant their personal information will also be collected and used in this way.

Without this information a digital health record cannot be created for you. You do not need a digital health record to get medical treatment or claim government benefits such as Medicare.

The collection and disclosure of this information is authorised by the *My Health Records Act 2012* and the *Healthcare Identifiers Act 2010*. Officers from DHS and the Department of Health undertake tasks on behalf of the System Operator.

Once a digital health record is created information about you and/or your dependant, including health information, is collected by the System Operator to operate the My Health Record system. This information may be collected from registered healthcare providers, government programs such as Medicare, or you and your representatives. Information about you, and/or your dependant, may be disclosed to:

- healthcare providers;
- people nominated by you (such as family members);
- people who are authorised to act on your behalf;
- government agencies (such as the Healthcare Identifiers Service and DHS Medicare);
- authorised organisations (such as private firms contracted by the System Operator); and
- organisations that store the documents that form your digital health record.

Your information is disclosed to provide you healthcare and to operate the My Health Record system. Organisations must meet strict security and privacy rules to be part of the My Health Record system.



Once you are registered, you can view and manage the information in your digital health record by setting up online access and logging in at [www.myhealthrecord.gov.au](http://www.myhealthrecord.gov.au). You can control whether registered healthcare provider organisations and other people, such as family members, can access your digital health record and how much they can see. You can limit access to your entire record or to certain documents and can also remove documents. Access to some documents cannot be restricted. A healthcare provider cannot upload a document if you tell them not to. By restricting access, removing documents or telling a provider not to upload a document, information may not be available for your healthcare.

There are specific situations in which information in your digital health record can be collected or shared without consent, for example if there is a serious threat to your safety or if authorised by a court.

The System Operator is required by law to handle and store information in the My Health Record system in Australia. You, any of your representatives, and any authorised healthcare providers can access your digital health record from overseas via the Internet.

You can read the complete privacy statement, an Australian Privacy Principle privacy policy, by selecting the **Privacy and security button** at [www.myhealthrecord.gov.au](http://www.myhealthrecord.gov.au). This statement includes information about how to access and seek correction of your information, how to make a complaint if you think someone has breached your privacy, how complaints are dealt with and what happens if you cancel your registration.

If you include information in your digital health record about another person, you should advise that person and refer them to the privacy statement.

For information about privacy in the My Health Record system or other digital health enquiries call **1800 723 471**.

## Filling in this form

- Please use black or blue pen
- Print in **BLOCK LETTERS**
- Mark boxes like this  with a ✓ or X

## Application for yourself

**Note:** This form should only be completed if you are applying for a My Health Record for yourself using a pseudonym.

### Your genuine details

Please provide the following information about **yourself**. This information will **not** appear in the digital health record associated with your pseudonym.

**1** Family name

First given name

Other name(s)

**2** Date of birth  /  /

**3** Sex Male  Female

**4** Provide **ONE** of the following:

Your Medicare card number

 -  -  **OR**

Your DVA file number

 **OR**

Your verified IHI number

**Note:** These numbers will be on the front face of the Medicare, DVA or IHI card that has been issued with your name on it. If you are unsure about completing this question call **1800 723 471**.

**5** Address

## Your pseudonymous details

Please provide the following information about the details associated with your pseudonym IHI. Your pseudonymous information will appear in the digital health record associated with your pseudonym IHI.

### 6 Family name (pseudonym)

First given name (pseudonym)

Other name(s) (pseudonym)

### 7 Date of birth

8 Sex Male  Female

### 9 Your verified IHI number

### 10 Please read this before answering question 10

Address (This is the address used in your IHI application to receive your IHI card)

#### Corresponding with you

We may be able to correspond with you in writing. We will use the address recorded against your pseudonym IHI. To update this address, please contact the HI Service by email to **hi.processing@humanservices.gov.au** with the subject of 'Update to Pseudonym IHI record'.

### 11 Your contact details

#### Corresponding with you

This question is optional. Your phone and email may be used to contact you in relation to your IHI or your digital health record.

Daytime phone number ( )

Mobile phone number

Email

### 12 Please read this before answering question 12

We may need to contact you electronically (e.g. by email of Short Message Service (SMS)) in future using the details you have provided here. It is important that we always have your most up to date email address and telephone numbers.

Do you consent to us contacting you electronically when possible?

No   
Yes – email   
Yes – SMS

### 13 Please read this before answering question 13

**Question 13 is optional** and your application will not be affected if you choose not to answer. Answering this question will help the System Operator to process your application and start populating your digital health record.

Have you previously been registered for a My Health Record?

No   
Yes

### 14 Application to register and consent to include information

I apply for pseudonymous registration and:

- declare that the information in this application is correct and any supporting evidence submitted by me is correct
- consent to records containing health information associated with my pseudonym IHI being uploaded to the My Health Record system by registered healthcare provider organisations involved in my care, subject to any express advice I give to my healthcare providers not to upload:
  - (a) a particular record;
  - (b) a specified class of records; or
  - (c) any records
- declare that I have received and read the information in the **Registration Booklet** which relates to my application.

Applicant's signature

Date

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

#### Office Use Only

Service Request Number

Date