Purpose of this form

Use this form if you would like to cancel your My Health Record registration. Submitting this form will notify the Australian Digital Health Agency, the System Operator under the My Health Records Act 2012, that you would like to cancel your My Health Record registration.

When we refer to 'System Operator' or 'we', this may also include delegates in the Department of Health, the Chief Executive Medicare and contracted service providers who help carry out our functions.

Cancellation of a My Health Record means the health information that is included in the My Health Record will be permanently deleted*. We will retain your name and Individual Healthcare Identifier (IHI) and the date the cancellation takes effect.

*Your health information may still be retained at the originating source (e.g. Medicare, hospital, medical clinic).

You can cancel your My Health Record:
- online at www.myhealthrecord.gov.au or
- by phoning the My Health Record Help line on 1800 723 471 or
- by completing and returning this form to: My Health Record GPO Box 9942 Sydney NSW 2000

When to use this form

Use this form if you want to cancel your own My Health Record, and you are 14 years of age or older.

For information on how to cancel a dependant's My Health Record, please call the My Health Record Help line on 1800 723 471 or visit www.myhealthrecord.gov.au

Documents you will need to provide

You must provide certified copies of your identity documents with this application. Information about which documents you will need to prove your identity are set out at the end of this form.

What does ‘certified copy’ mean?

A ‘certified copy’ of a document is a photocopy of an original document which has been endorsed by an appropriate person (see page 4) as being a true copy of the original. The certification must state that the appropriate person has sighted the original document and believes the copy to be a true copy of the original document. The person making the endorsing statement must sign the actual copy being submitted as part of your request. This signature cannot be photocopied. The person certifying your copies must include their full name, address, contact phone number and their qualifications on all copies that they certify for you.

Corresponding with you

If we need to contact you in writing, we will use the address recorded against your verified IHI. Your verified IHI address will be your Medicare mailing address held by Services Australia, or your mailing address held by the Department of Veterans' Affairs (DVA). To update this address, please call Services Australia on 132 011 or DVA on 133 254.

Privacy collection notice

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. This means we may not be able to cancel your My Health Record.

If this is the case, we will attempt to contact you using the contact details you have provided in this form. However, if we are unable to contact you or you do not provide the information we require, then we may not be able to process your request.

Why we collect personal information

We use your personal information in this form for the following purposes:
- to verify your identity
- to check whether a My Health Record exists for you
- to cancel your My Health Record registration

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

We will use the information in this form and information from Medicare to help 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. You can access the privacy policy at www.myhealthrecord.gov.au/privacy or by calling 1800 723 471.
Your details

1. Family name

2. First given name

3. Other name(s)

4. Gender: Male □ Female □

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

6. Please provide one of the following:
   - Your Medicare card number and Individual Reference Number (IRN) (number beside your name)
   - OR
   - Your DVA file number
   - OR
   - Your IHI

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

7. Address (the address that is recorded with Medicare or DVA)

   State □ □ Postcode □ □

Please read this before answering question 8: We may need to contact you using this contact number if there is an issue with your application. The details you provide below will not be recorded on your My Health Record. We will only use your information to fulfil our function as System Operator.

8. Your best contact number (including area code if applicable)

9. Do you want to be notified electronically to confirm your My Health Record registration has been cancelled?
   - No □
   - Yes □ email:
   - Yes □ mobile phone:

Your signature

By signing this form, I am notifying the My Health Record System Operator that I wish to cancel my My Health Record registration.

I understand:
   - this action will permanently delete my My Health Record and the health information contained within it; however, my name, IHI and cancellation date will be retained, and
   - the information in my My Health Record will no longer be available, even in the event of an emergency, and
   - deleted information can’t be retrieved, even if I choose to re-register with My Health Record in the future, and
   - healthcare providers may have copies of my health information stored in their own record-keeping systems. Cancelling a My Health Record registration will not delete the copies stored in my healthcare providers’ local system.

I declare that the information in this form is accurate and any supporting evidence submitted by me is correct.

Signature

Date □ / □ / □ □

Note: Giving false or misleading information is a serious offence.
Information you need to verify your identity

To establish your identity, you will need to provide documents that achieve 100 points in evidence. To establish evidence of identity you may provide either:

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

When mailing the written application, you will need to send **certified copies** of your documents establishing evidence of identity. A checklist is provided for your assistance.

### Checklist

#### Primary Documents – you can use more than one

- Birth certificate
- Birth card issued by a Registry of Births, Deaths and Marriages
- Australian citizenship certificate
- Current Australian passport
- Current foreign passport or travel document with a valid visa
- Expired passport which has not been cancelled and was current within two preceding years
- Other document of identity equivalent to a passport including diplomatic documents and some documents issued to refugees
- Australian armed service papers

#### Secondary documents

The following must contain a photograph and full name. Additional documents from this category are awarded 35 points:

- Driver licence issued by an Australian state or territory
- Licence or permit issued under a law of the law Commonwealth, or state or territory government e.g. a boat licence
- Identification card issued to a public employee
- Identification card issued by the Commonwealth, state or territory government as evidence of the person's entitlement to a financial benefit

The following must have a name and address:

- Mortgage or other instrument of security held by a financial body
- Local government (council) land tax or rates notice
- Land Titles Office record

The following must have a name and signature:

- Marriage certificate (for maiden name only)
- Credit card
- Foreign driver licence
- Medicare card (signature not required on Medicare card)
- DVA treatment card (signature not required on DVA card)
- Identification card issued to a student at a tertiary education institution
- Membership to a registered club (NRMA or equivalent)
- EFTPOS card

Only one from each document type may be used (must include name and address):

- Records of public utility – phone, water, gas or electricity
- Records of financial institution
- Lease/rental agreement

The following must have name and date of birth:

- Record of primary, secondary or tertiary education institution attended by the applicant within the last 10 years
- Record of professional or trade association of which the applicant is a member

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Last updated March 2021
The appropriate persons who can certify a document to be submitted to the System Operator are:

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 authority;
     with 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.