



ASSISTED REGISTRATION Application to Register for a Personally Controlled Electronic Health Record

Purpose of this form

This is an application for registration as a consumer under the *Personally Controlled Electronic Health Records Act 2012* (PCEHR Act). Registration for an eHealth record is voluntary.

If you would prefer, you can register free of charge online at www.ehealth.gov.au, by phoning 1800 723 471, by mail using a different form, or in a Medicare shopfront.

Important: You need to read the essential information before you sign this application.

Application for yourself

Please provide the following information about **yourself**

1 Family name

First given name

2 Date of birth

3 Sex

Male ☐

Female ☐

4 Provide **ONE** of the following:

Your Medicare card number

 - - **OR**

Your DVA file number

Please read this before answering question 5

Question 5 is optional. This information will assist in the planning and provision of appropriate and improved healthcare and services. If you do not answer your eHealth record will show 'not stated'.

5 Are you of Aboriginal or Torres Strait Islander origin?

☐ No

☐ Yes, Aboriginal

☐ Yes, Torres Strait

☐ Yes, both Aboriginal and Torres Strait Islander

Please read this before answering question 6

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

6 How do you wish to receive your Identity Verification Code?

☐ By email to:

@

☐ By SMS to:

☐ Through the healthcare provider organisation

7 Please indicate which Medicare information, if any, you consent to being included in your eHealth record:

☐ details of **all future** claims made for Medicare benefits when you receive a healthcare service that is covered under the Medicare Benefits Schedule*

☐ **AND** details of any **past** claims for Medicare benefits, if available* (This option is only available if you have selected 'all future claims' above.)

☐ details of **all future** claims made for Pharmaceutical benefits when you receive medication that is covered under the Pharmaceutical Benefits Scheme**

☐ **AND** details of any **past** claims for Pharmaceutical benefits, if available** (This option is only available if you have selected 'all future claims' above.)

☐ your organ and/or tissue donation decision(s), which are sourced from the Australian Organ Donor Register

☐ details of immunisations up until the age of 7, sourced from the Australian Childhood Immunisation Register

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 Scheme.

8 Application to register and consent to include information

I apply for registration and:

- declare that the information in this application is correct and any supporting evidence submitted by me is correct
- consent to records containing my health information being uploaded to the eHealth 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 particular record, a specified class of records, or any records
- declare that I have received and read the 'Essential Information about assisted Personally Controlled Electronic Health Record (eHealth record) registration' document provided by the assisting healthcare provider organisation

Applicant's signature

Date

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

Authorised staff member notes:



The Personally
Controlled eHealth
Record System

