



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

Purpose of this form

This is an application for registration of a dependent under the age of 18 years under the *Personally Controlled Electronic Health Records Act 2012* (PCEHR Act). Registration for an eHealth record is voluntary. Questions 1 – 4 must be completed by the person with **parental responsibility** for this dependent.

You can also 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.

About yourself

Please provide the following information about **yourself**

1 Family name

First given name

2 Date of birth

 / /

3 Sex

Male

Female

4 Provide your Medicare card number

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Application for a child

Please provide the following information about **the child**

5 Family name

First given name

6 Date of birth

 / /

7 Sex

Male

Female

Please read this before answering question 8

Question 8 is optional. This information will assist in the planning and provision of appropriate and improved healthcare and services. If you do not answer the child's eHealth record will show 'not stated'.

8 Is the child 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 9

Only complete Q9 if you have **NOT** created your own eHealth record.

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

 By email to:

 By SMS to:

AUTHORISED STAFF USE ONLY

 ID cited Initials:

Authorised staff member notes:

10 Please indicate which Medicare information, if any, you consent to being included in the child's eHealth record:

- Details of **all future** claims made for Medicare benefits when the child receives 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 the child receives 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.)
- The child's organ and/or tissue donation decision(s), which are sourced from the Australian Organ Donor Register
- Details of the immunisations administered to the child up until the age of 7, which are 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.

11 Application to register, parental declaration, and consent to include information

I apply for registration for this child and:

- declare that the information in this application is correct and any supporting evidence submitted by me is correct
- declare that I have parental responsibility for the child
- consent to records containing the child's health information being uploaded to the eHealth record system by registered healthcare provider organisations involved in the child's care, subject to any express advice I give to the 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 healthcare provider organisation.

Applicant's signature

Date

 / /

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

