



# Application to Register for a Personally Controlled Electronic Health Record on behalf of your dependants

## Purpose of this form

This is an attachment to the application form "PART B Application on behalf of your dependants(s)" and is to be used in addition to PART B when you are registering more than four dependants under the *Personally Controlled Electronic Health Records Act 2012* (PCEHR Act).

## When to use this form

Use this form if you:

- are an authorised representative, and
- you have already completed the form "PART B Application on behalf of your dependants(s)" and entered the details of four consumers you are authorised to represent; and
- you want to enter the details of additional consumers.

## Registration Booklet

You should read the essential information contained in the **Registration Booklet, *Connecting your healthcare: a guide to registering for an eHealth record*** prior to completing this form. This booklet provides general information on the eHealth record system. You can access the Registration Booklet at [www.ehealth.gov.au](http://www.ehealth.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.**

## Applying

The completed Attachment to Part B should be attached to the main application form "Application to register for a Personally Controlled Electronic Health Record" and submitted by mail:

**Personally Controlled eHealth Record Program**  
**GPO Box 9942**  
**in your capital city**

Or drop your form into your local Service Centre offering Medicare services.

## Filling in this form

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

Please provide the following information about the person you are applying on behalf of (the consumer).

**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** Which of the following categories best describes the basis upon which you are applying to be an authorised representative of the consumer?

Select **ONE box only** that meets your circumstance from **either 5a, 5b or 5c**.

**5a.** The consumer is younger than 18 and you have parental responsibility for him/her (section B of the **Registration Booklet**)

(For example, you are the consumer's mother or father or guardian. Please refer to the **Registration Booklet** for an explanation of parental responsibility.)



- Circumstance 1** – The consumer is younger than 18, you have parental responsibility for him/her and would like the System Operator to use your Medicare card as evidence of this relationship.

This means that you and the consumer both appear on the same Medicare card and you would like this fact to be used as evidence to support your application as an authorised representative.

- Circumstance 2** – The consumer is younger than 18, you have parental responsibility for him/her and you will supply evidence of this relationship along with your application.

- 5b.** The consumer is younger than 18 and you don't have parental responsibility for him/her (section C of the **Registration Booklet**)

- Circumstance 1** – The consumer is younger than 18 and you are authorised by law to act on behalf of him/her.

(This will only apply if there is no adult person who has parental responsibility for the consumer. You will need to provide evidence of your legal authority. Please refer to the **Registration Booklet** for more information.)

- Circumstance 2** – The consumer is younger than 18 and you are an appropriate person to be his/her authorised representative.

(This will apply only in exceptional circumstances where there is no other adult with parental responsibility or legal authority to act on the consumer's behalf. You will need to provide supporting evidence of your relationship with the consumer. Please refer to the **Registration Booklet** for more information.)

- 5c.** The consumer is 18 years or older and is not capable of making their own decisions (section D of the **Registration Booklet**)

- Circumstance 1** – The consumer is 18 years or older and you are authorised by law to act on behalf of him/her.

(This is where an adult lacks capacity to make their own decisions. You will need to provide evidence of your legal authority).

- Circumstance 2** – The consumer is 18 years or older and you are an appropriate person to be his/her authorised representative.

(This will apply in situations where an adult lacks capacity to make their own decisions but there is no other adult legally authorised to act on their behalf. You will need to provide supporting evidence. Please refer to the **Registration Booklet** for more information.)

## 6 Please read this before answering question 6

**Questions 6 and 7 are optional** and your application will not be affected if you choose not to answer. Answering them will help the System Operator to process your application and start populating the **consumer's eHealth** record.

Has the consumer previously been registered for an eHealth record?

No

Yes

## 7 Please read this before answering question 7

The Chief Executive Medicare may hold information about the consumer which can be included in their eHealth record over time. This information may include details that indicate diagnosed conditions and illnesses. If you do not want to have such details visible in the consumer's eHealth record, you should not consent to the inclusion of this information. You can withdraw your consent at any time, in which case no new information will be provided to the System Operator for inclusion in the consumer's eHealth record. Importantly, however, if an item of information was indexed in the consumer's eHealth record before you revoke your consent, the full item may be made available to the System Operator at any time, *even after you revoke your consent*. You should refer to the **Registration Booklet** for more information about this process.

Please indicate which information, if any, you consent to being included in the **consumer's** eHealth record:

- Details of **all future** claims made for Medicare benefits whenever the consumer receives a healthcare service that is covered under the Medicare Benefits Schedule (MBS)\*

- 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 whenever the consumer receives medication that is covered under the Pharmaceutical Benefits Scheme (PBS)\*\*

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

- Organ and/or tissue donation decision(s) for the consumer, which are sourced from the Australian Organ Donor Register (AODR)

- Details of the immunisations administered to the consumer up until the age of 7, which are sourced from the Australian Childhood Immunisation Register (ACIR)

### Note:

\* this includes claims that are processed by the Department of Human Services on behalf of the Department of Veterans' Affairs (DVA), in accordance with eligibility entitlements provided by DVA. Information is only included where the claim for a benefit has been successful.

\*\* this includes Department of Veterans' Affairs claims under the Repatriation Pharmaceutical Benefits Scheme (RPBS) that are processed by the Department of Human Services. Information is only included where the claim for a benefit has been successful.

For further information on the specific types of information that are included in your eHealth record refer to the **Registration Booklet**.

## 8 Application to register and consent to upload

*(This question must be completed by you)*

I apply for registration of the consumer on their behalf as the consumer's authorised representative and:

- declare that the information in this application is correct
- and any supporting evidence submitted by me is correct
- declare that to the best of my knowledge, I am eligible to be the consumer's authorised representative, and
- consent to records containing the consumer's health information being uploaded to the eHealth record system by registered healthcare provider organisations involved in the consumer's care, subject to any advice I expressly give to the consumer's healthcare provider 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 as an authorised representative.

Applicant's signature

Date

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

**Note:** If you intend to make an application on behalf of another person, please complete another copy of this form — otherwise your application is ready to be submitted.

If you are lodging this form by post, make sure you have attached certified copies of your evidence of identity document(s) (and evidence to confirm you are an authorised representative). Please refer to the **Registration Booklet** for an explanation of what evidence of identity document(s) are required.