

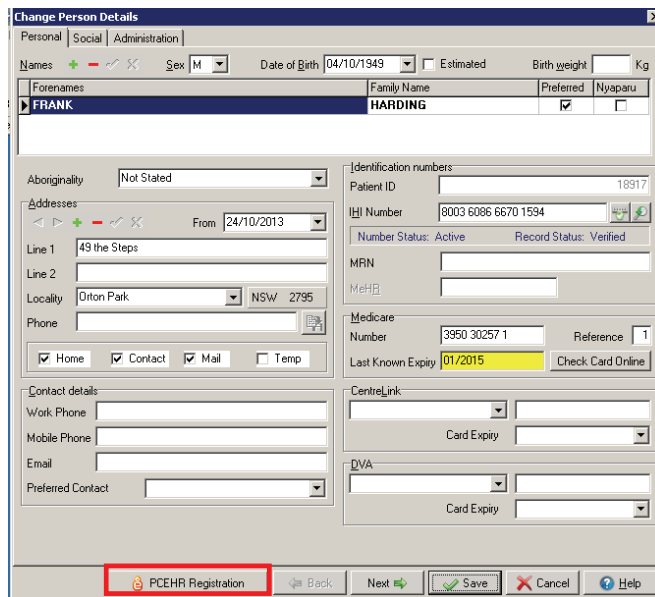
Assisting a patient to register for an eHealth record

Before undertaking these steps, please ensure that:

- Ensure your practice and procedure manual has been updated to include an Assisted Registration policy.
- You have been authorised by your practice to register patients for an eHealth record, as per the `Assisted Registration: A guide for Healthcare Provider Organisations` document.
- Your user permissions allow `PCEHR Assisted Registration`.
- The patient has read the `Essential Information about assisted registration and your privacy in the eHealth record system` document.
- The patient's Healthcare Identifier has been validated in the patient details page.

1

Enter and select the patient's name in the Patient Biographics screen. Click `PCEHR Registration`

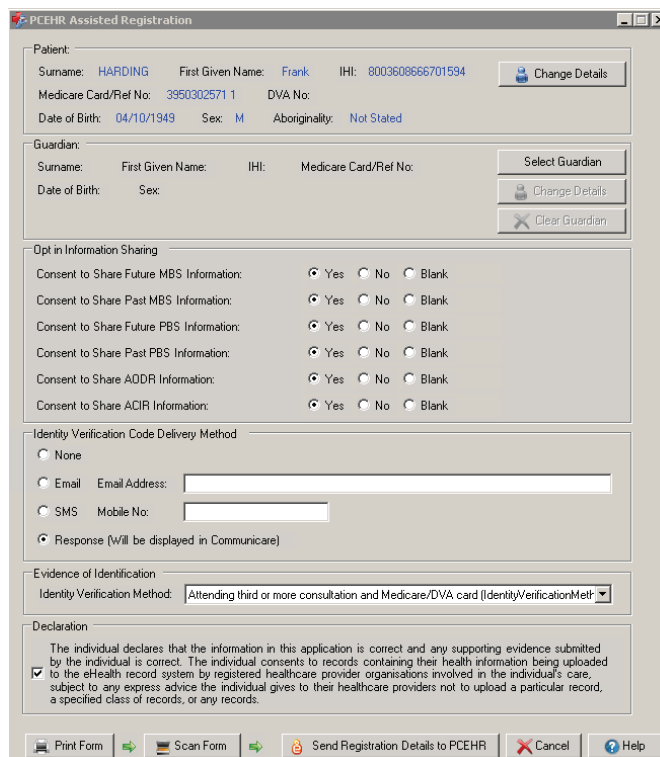


2.

The patient's demographics will populate automatically into the form.

Record patient's **Medicare consent information, Identity Verification Code Delivery (IVC) delivery method preference** and select one of the available **Evidence of Identification** options.

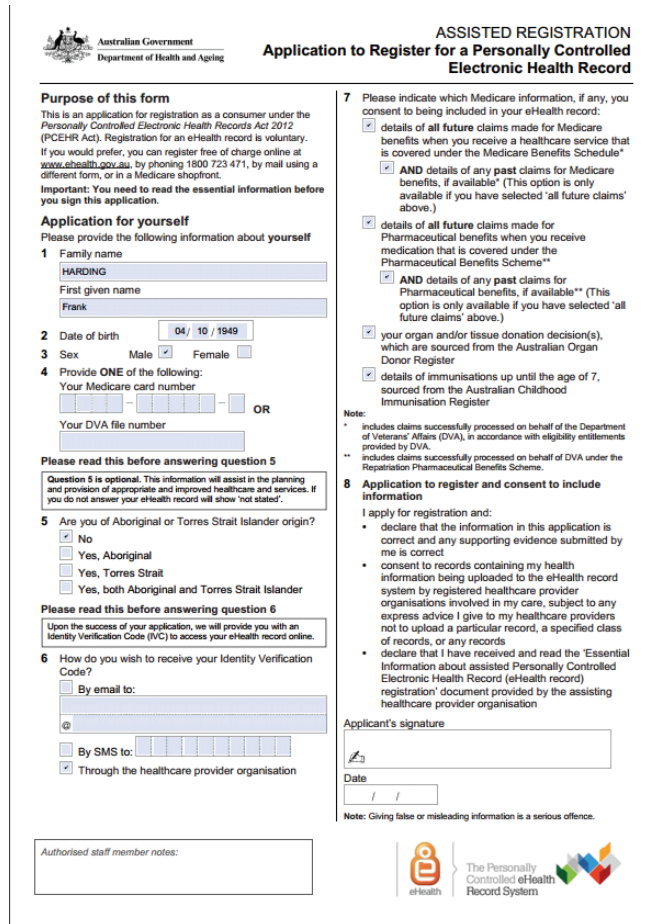
Tick **Declaration box** to confirm that the patient has signed the application form and has provided consent to upload records containing the individual's health information to the eHealth record system.




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- 3** Click **'Print Form'** and hand pre-filled document to patient for review and signature.
- Scan** if applicable and **'Send Registration Details to PCEHR'**.

The signed form is to be stored in accordance with the practice's Assisted Registration policy.



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
HARDING

First given name
Frank

2 Date of birth
04 / 10 / 1949

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

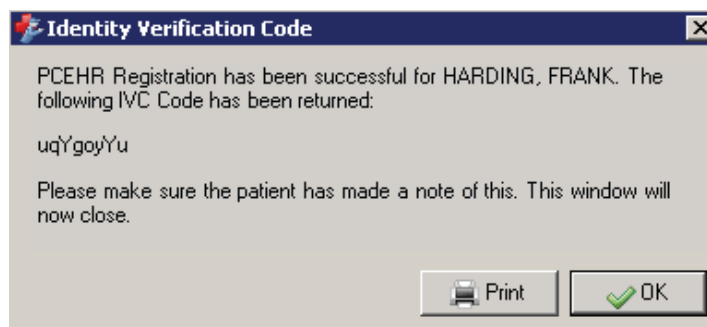
8 Application to register and consent to include information
I apply for registration and:
• declare that the information in this application is correct and any supporting evidence submitted by me is correct
• consent to records containing my health information being uploaded to the eHealth record system 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:

- 4** Confirmation prompt appears and IVC code is shown if selected.



Identity Verification Code

PCEHR Registration has been successful for HARDING, FRANK. The following IVC Code has been returned:

uqYgoyYu

Please make sure the patient has made a note of this. This window will now close.

Print OK

Useful Links:

- Assisted Registration Information and Application forms
http://www.ehealth.gov.au/internet/ehealth/publishing.nsf/content/assistedreg_05
- Software demonstration for Assisting a patient to register for an eHealth Record with Communicare
<http://www.nehta.gov.au/assets/cup-articulate/assisted-registration/communicare/>

