MyMedicare is a voluntary patient registration model. MyMedicare aims to formalise the relationship between patients, their general practice, general practitioner (GP) and primary care teams.

MyMedicare patients and their usual GP and practice will have access to new benefits to help deliver more of the care patients need, improving health outcomes.

*Your completed MyMedicare Registration Form should be provided to your preferred general practice to complete your registration process.*

# Patient details

|  |
| --- |
| Family name |
|  |
| First given name  | Second given name |
|  |  |
| Date of birth |
|  |
| Medicare number or DVA file number |
|  |
| Medicare IRN (Number before your name) |
|  |

# Practice and provider details.

|  |
| --- |
| Practice Details |
|  |
| Practice Address |
|  |
| Name of preferred GP |
|  |

By signing this form I agree to the following:

I understand that registering in MyMedicare is voluntary.

1. I consider this practice to be my regular primary health care provider.
2. I understand that I can only be registered with one practice at a time. By submitting this form, any existing registration in MyMedicare will be withdrawn, and my previous practice and provider will automatically be notified that I am no longer registered with them under MyMedicare.
3. I understand that I will remain registered unless:
	* I register with a different practice.
	* I request my GP/practice or Services Australia to withdraw my registration.
	* My GP or practice decides to withdraw my registration.
4. I understand that there is no cost to register in MyMedicare.
5. I declare I have read and understand the MyMedicare Privacy Notice and consent to my personal information being collected, used and disclosed by the relevant agencies such as Services Australia, the Department of Health and Aged Care, the Australian Digital Health Agency and, where applicable, the Department of Veterans’ Affairs as specified in the MyMedicare Privacy Notice (a link to this notice is provided in the Privacy Statement at the bottom of this form).
6. I understand that I can register for MyMedicare even if the information requested in the ‘About You’ section of this form is not provided.

Full name of individual providing consent (patient, patient’s guardian/attorney or parent if required)

Signature Date

If a parent or guardian has completed this form on behalf of a patient aged 14-17, please confirm the patient is aware of this registration and provided informed consent.  Yes.

 Consent for MyMedicare registration for patients under 14 years of age must be provided by the patient’s parent or legal guardian.

Patients aged 14-17 years must provide their consent to register for MyMedicare.

* + A parent or guardian of a patient aged 14-17 years may complete the registration form if the 14-17 year old is aware of the registration and has provided their consent for this person to act on their behalf.

For a patient 14 years or older, who lacks capacity to make decisions for themselves, consent for the MyMedicare registration will need to be provided by an individual who is authorised to act on the patient’s behalf.

Providing this information is voluntary.

# About you

The information you provide will help your practice and the government to plan and improve your health care services. We will share this information with your MyMedicare practice. If you choose not to provide this information as part of your registration, you will still be able to register for MyMedicare. You may still provide this additional information about you directly to your practice.

We may already have your information if you have registered in the past.

1. **Are you of Aboriginal or Torres Strait Islander 6. How do you describe your sexual orientation? Only descent? complete this question if you are aged 15 years or over.**

 No Please select one box:

 Yes - Aboriginal Australian  Straight (heterosexual)

 Yes - Torres Strait Islander Australian  Gay or lesbian

 Both Aboriginal and Torres Strait Islander  Bisexual

Australian  I use a different term

 Prefer not to answer  Don’t know

1. **In which country were you born?**

Prefer not to answer

Australia **7. In everyday life, do you have difficulty participating**

England **in any of the following, related to a long-term health**

New Zealand **condition or disability?**

India **A.** Daily activities such as:

Philippines - washing, dressing

Vietnam - walking, handling or lifting objects

Italy - speaking, using communication devices

South Africa  Yes

Malaysia  No

Scotland  Prefer not to answer

Other (please specify) **B.** Activities of independent living, such as:

Prefer not to answer - shopping, cooking, caring for others

1. **What is the main language you speak at home?**

 English only  Mandarin  Arabic

 Cantonese  Vietnamese

* + making decisions, handling stress
	+ learning, solving problems
	+ relationships with people Yes

No

Prefer not to answer

 Italian **C.** Activities of work, education and community living,

 Greek

such as:

 Hindi - social and community life

 Spanish - work, education or training

 Punjabi  Yes

 Other (please specify)  No

 Prefer not to answer

Prefer not to answer

1. **How well do you speak English? 8. The categories below are disability groups based**

 Very well **on underlying health conditions and or impairments,**

 Well **activity limitations and participation restrictions. Which**

 Not well **of the following best describes your health condition or**

 Not at all **disability? (Please tick the box next to any that apply –**

 Prefer not to answer **you can select more than one box)**

1. **How do you describe your gender?**

Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents. Please select one box:

 Man or male

 Woman or female  Non-binary

 I use a different term  Prefer not to answer

Sensory (e.g., sight, hearing, speech)

Intellectual (e.g., difficulty learning or understanding) Physical (e.g., breathing difficulties, chronic or recurrent pain, blackouts or seizures, incomplete use of limbs)

Psychosocial (e.g., nervous or emotional conditions, social or behavioural difficulties)

Head injury, stroke or acquired brain injury Other

Prefer not to answer

**Office use only**

Provider Number of preferred GP

Please select a box to confirm the patient’s eligibility

The patient has received 2 or more face-to-face MBS services with the practice in the previous 24 months

The patient meets the reduced eligibility criteria of one or more face-to-face MBS services with the practice in the previous 24 months and the practice is located in MMM6-7

The patient meets one of the exemption criteria:

Children under 18 years whose parent is already registered at this practice Parents of a child under 18 years who is already registered at this practice Patient is following a GP they are registered with to this practice

Patient experiencing family and domestic violence Patient experiencing homelessness

The practice will retain a copy of this registration form in the patient’s clinical records, for compliance of record keeping obligations in accordance with federal, state and territory legislation applicable to their practice.

**Privacy Statement**

The law regulates how Services Australia, the Department of Health and Aged Care, the Australian Digital Health Agency and the Department of Veterans’ Affairs may handle your personal information. Services Australia is collecting your personal infor- mation to assess your eligibility for MyMedicare and provide services to you and payments linked to your provider as a result of your MyMedicare registration. Your information will only be shared with relevant government agencies such as the Department of Health and Aged Care, Australian Digital Health Agency and the Department of Veterans’ Affairs, where you have agreed, or where the law allows or requires it. The MyMedicare Privacy Notice describes how your information will be managed consistent with our obligations under the Privacy Act 1988 and the Australian Privacy Principles. The notice can be found at http[s://www.](http://www/) health.gov.au/resources/publications/mymedicare-privacy-notice.

You can also read the:

* Services Australia privacy policy at: [www.servicesaustralia.gov.au/privacy](http://www.servicesaustralia.gov.au/privacy)
* Department of Health and Aged Care privacy policy at: http[s://www.health.gov.au/resources/publications/privacy-policy](http://www.health.gov.au/resources/publications/privacy-policy)
* Australian Digital Health Agency privacy policy at: http[s://www.myhealthrecord.gov.au/about/privacy-policy,](http://www.myhealthrecord.gov.au/about/privacy-policy) and
* Department of Veterans’ Affairs privacy policy at: http[s://www.dva.gov.au/privacy-policy.](http://www.dva.gov.au/privacy-policy)