MyMedicare Registration Form

Australian Government

my medicare

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 benefits to help deliver more of the care patients need, improving health outcomes.

Before you complete this form:

- Ask your practice and/or GP what a MyMedicare Registration means for you at this practice.
- Are you already registered? If unsure check your myGov Medicare Online Account (MOA) or call 132 011.
- You can only register with one practice at a time; a new practice registration will automatically withdraw you from your current practice.

Returning this form:

Your completed form must be provided to your preferred general practice. Your practice will retain a copy in your clinical records for compliance purposes. Forms **must not** be returned to Services Australia (Medicare) or the Department of Health, Disability & Ageing.

Patient details

Family name

First given name

Second given name

Date of birth

Medicare number or DVA file number

Medicare IRN

Practice and provider details

Practice name

Practice address

Name of preferred GP

By signing this form I agree and/or understand the following:

- ☐ Registering in MyMedicare is voluntary.
- ☐ By registering in MyMedicare, I am nominating this practice as my regular primary health care provider.
- ☐ That I can only be registered with one practice at a time.
- ☐ By submitting this form, any existing MyMedicare registration will be withdrawn and the previous practice and provider notified.
- ☐ 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.
- ☐ That there is no cost to register in MyMedicare.

By signing this form I declare that:

- ☐ I have read and understand the MyMedicare Privacy Notice (page 3) and consent to my personal information being collected, used and disclosed by relevant agencies, including Services Australia, the Department of Health, Disability and Ageing, the Australian Digital Health Agency, and, where applicable, the Department of Veterans' Affairs, in accordance with the Privacy Notice.
- ☐ I understand that I can register for MyMedicare even if the information requested in the 'About You' section of this form is not provided.

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** ☐

- ☐ I understand that consent for MyMedicare registration for patients under 14 years of age must be provided by the patient's parent or legal guardian.

CONSENT

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.

Where a patient is experiencing some level of incapacity or requires assistance, several MyMedicare registration pathways are available. Refer to the Department of Health, Disability and Ageing website for further information. Alternatively, consent must be provided by an individual authorised to act on the patient's behalf.

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

Signature

Date

FORM MUST BE SIGNED TO BE VALID