



# Apply to be your dependant's authorised representative and register them for a My Health Record

## PURPOSE OF THIS FORM

Use this form to apply to the Australian Digital Health Agency (the System Operator under the *My Health Records Act 2012*) to be your dependant's authorised representative and register them for a My Health Record if they don't have one.

In this form, the terms 'we' and 'us' mean the Australian Digital Health Agency (the Agency). These terms may also refer to the Agency's delegates, including the Chief Executive Medicare and relevant contracted service providers that help carry out My Health Record functions.

### Dependants

A dependant is someone who is:

- **younger than 14, or**
- **14 years or older who lacks capacity to make decisions for themselves.**

Dependants cannot manage their own My Health Record.

### Note:

- **If your dependant is younger than 14** and you have parental responsibility for them, and they are on the same Medicare card as you, you can apply to be your dependant's authorised representative and register them for a My Health Record online at <https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/getting-started/access-or-create-a-childs-record> or by phoning the My Health Record help line on **1800 723 471** (option 1) 24 hours a day, 7 days a week.
- **Persons 14 and older** who have capacity to make decisions for themselves need to apply for their own My Health Record if they don't have one. For information, visit <https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/getting-started/set-up-your-record-online> or phone the My Health Record help line on **1800 723 471**.

## AUTHORISED REPRESENTATIVES

An authorised representative is someone who is responsible for managing their dependant's My Health Record. They may be someone with parental responsibility\*, a carer, family member, legal guardian or someone with enduring power of attorney.

\* A person with parental responsibility cannot be an authorised representative if, under a court order of Commonwealth, state or territory law, they must be supervised while spending time with the dependant or if the life, health or safety of the dependant or another person would be at risk.

### An authorised representative:

- has complete access to and control of their dependant's record
- must act in accordance with the will and preferences, or likely will and preferences, of their dependant
- does not need their own My Health Record.

**i** Note: A dependant can have multiple authorised representatives. For example, both parents can be authorised representatives for their child and can see all the information in their child's record.

## TO APPLY

Before you complete this form, make sure:

- **you meet the requirements to be an authorised representative** – refer to the web page <https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/getting-started/authorised-representatives>
- **both you and your dependant have an Individual Healthcare Identifier (IHI)** – an IHI is a unique 16-digit number used to identify an individual for healthcare purposes. It helps ensure the right information is associated with the right individual at the point of care.  
If you and your dependant are enrolled in Medicare, or are listed on a Medicare or DVA card, you will already have an IHI. If you or your dependant are not enrolled in Medicare and are not listed on a Medicare or DVA card, you need to get an IHI before completing this form. To apply for an IHI, visit <https://www.servicesaustralia.gov.au/how-to-get-individual-healthcare-identifier?> or call the Healthcare Identifiers Service on **1300 361 457**.

## IF WE NEED TO CONTACT YOU

If we need to contact you about your application, we will use the phone number you provide at question 8 in this form. If we cannot contact you on this number, we will use your email address if you provide one. If we don't have your phone number or email, we will write to you using your mailing address held by Medicare, the Healthcare Identifiers Service, or the Department of Veterans' Affairs (DVA).

## IF YOU NEED TO CONTACT US

Phone us on **1800 723 471** (option 1) 24 hours a day, 7 days a week, except for national public holidays.

## ACCESSING YOUR DEPENDANT'S MY HEALTH RECORD

We will let you know when we have appointed you as an authorised representative.

Once you are appointed as an authorised representative, go to [www.my.gov.au](http://www.my.gov.au), log into your myGov account or create a myGov account if you don't have one, and link your myGov account to your dependant's My Health Record. You will then be able to view and manage the information in your dependant's record.

## PRIVACY COLLECTION NOTICE

The collection, use and disclosure of personal information in this form is authorised by the *My Health Records Act 2012*, the *Healthcare Identifiers Act 2010* and the *Privacy Act 1988*.

If the information you provide in this form is incomplete, incorrect, or illegible, we may not be able to accurately identify you or your dependant.

If this is the case, we will attempt to contact you using the contact details you provide in this form. However, if we cannot contact you or you do not provide the information we need, we may not be able to process your application.

### Why we collect personal information

We use personal information in this form to:

- verify your and your dependant's identity
- determine your eligibility to be your dependant's authorised representative
- check whether a My Health Record already exists for your dependant
- create a My Health Record for your dependant
- appoint you as an authorised representative on your dependant's My Health Record
- enable health and other personal information about your dependant to be included in their My Health Record.

### What personal information is disclosed to register for a My Health Record?

We will use the information in this form and information from Medicare to verify your and your dependant's identity.

**What information is collected once a My Health Record is created?**

Once your dependant's My Health Record is created, information held by the Chief Executive Medicare will be included in your dependant's record unless you tell us otherwise. The following Medicare information may be included:

- details of the last two years (if available) and any future Medicare Benefits Schedule (MBS) claims (including claims that are processed by Services Australia on behalf of DVA)
- details of the last two years (if available) and any future Pharmaceutical Benefits Scheme (PBS) claims (including DVA claims under the Repatriation Pharmaceutical Benefits Scheme (RPBS) that are processed by Services Australia)
- organ and/or tissue donation decisions recorded on the Australian Organ Donor Register (AODR)
- vaccines administered to your dependant, recorded on the Australian Immunisation Register (AIR)
- details of your dependant's MyMedicare registration (including name and address of their preferred practice and preferred GP as recorded with MyMedicare).

**i** Note: MBS and PBS information in a dependant's My Health Record comes from all Medicare cards the dependant is listed on. All representatives who have access to the dependant's record, now and in the future, will be able to view this information.

**i** Note: MyMedicare registration details will not be included for dependants younger than 14.

**If you do not want this information in your dependant's My Health Record:**

- complete Q15 in this form, or
- change your dependant's Medicare information settings in their My Health Record when you first access the record or at any other time.

We will also collect personal information when a registered healthcare provider organisation uploads health information to a My Health Record.

The personal information may be contained in, for example, shared health summaries, discharge summaries, diagnostic imaging or pathology reports, or prescribing and dispensing information. You can ask your healthcare provider not to upload documents to your dependant's record. Healthcare providers must comply with this request.

You can choose which healthcare provider organisations can access your dependant's My Health Record and/or documents in it by setting access controls. If you do not set these access controls, registered healthcare provider organisations involved in your dependant's care will be able to access your dependant's record and documents in it.

**Disclosing personal information overseas**

My Health Record information is stored in Australia. We will not disclose My Health Record information overseas unless you or your dependant's registered healthcare provider organisations access the record while overseas.

**For more information**

The My Health Record privacy policy outlines how we manage your dependant's health and other personal information. It also explains how you can access and correct personal information or make a privacy complaint. To access the privacy policy, go to [www.digitalhealth.gov.au/privacy](http://www.digitalhealth.gov.au/privacy).

YOUR DETAILS

1. Family name

2. First given name

3. Other name(s)

4. Sex ☐ Male ☐ Female

5. Date of birth (dd/mm/yyyy)

6. Please provide ONE of the following:

Your Medicare  
card number

Your Individual Reference Number (IRN)  
(number beside your name)

OR

Your Department of Veterans' Affairs (DVA) card number

OR

Your Individual Healthcare Identifier (IHI)

**i** Note: These numbers are either on the front of your Medicare or DVA card or in the IHI letter that was issued with your name on it.

7. Current address

**i** (If this address is **not the same** as the one recorded with Medicare, DVA or Healthcare Identifiers Service, please **update it before submitting this form**. To update your address, call Services Australia on **132 011** or DVA on **133 254**.)

Address

Suburb:

State:

Postcode:

8. Contact number

Your best contact number including your area code

Your email address (optional)

**i** Note: We will use this number (or email address if provided) only if there is an issue processing your application. We will not record the number and/or email address on your or your dependant's My Health Record.

YOUR DEPENDANT’S DETAILS

9. Family name

10. First given name

11. Other name(s)

12. Sex ☐ Male ☐ Female

13. Date of birth (dd/mm/yyyy)

14. Please provide ONE of the following for your dependant:

Their Medicare card number	Their Individual Reference Number (IRN) (number beside their name)
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OR

Their Department of Veterans’ Affairs (DVA) card number

OR

Their Individual Healthcare Identifier (IHI)

**i** Note: These numbers are either on the front of the Medicare or DVA card or in the IHI letter that has been issued with your dependant’s name on it.

15. Information you DO NOT want included in your dependant’s My Health Record

**Please read this before answering:**

The Chief Executive Medicare may hold information about your dependant that will be included in your dependant’s My Health Record, including details of claims up to 2 years old. The information may indicate diagnosed conditions and illnesses, and can help healthcare providers understand your dependant’s health.

MBS and PBS information in a dependant’s My Health Record comes from all Medicare cards the dependant is listed on. All representatives who have access to a dependant’s record can view this information.

You can choose not to include this information by ticking one or more boxes below. You can change these settings in your dependant’s My Health Record at any time.

Claims for Medicare benefits under the MBS (or DVA claims)

☐ Do not include details of past MBS or DVA claims (future claims will be included)

OR

☐ Do not include details of past or future MBS or DVA claims

**Claims for pharmaceutical benefits under the PBS or RPBS**

☐ Do not include details of past PBS or RPBS claims (future claims will be included)

OR

☐ Do not include details of past or future PBS or RPBS claims

**Other information**

☐ Do not include organ and/or tissue donation decision(s) sourced from the Australian Organ Donor Register (AODR).

☐ Do not include details of vaccinations sourced from the Australian Immunisation Register (AIR).

☐ Do not include details of preferred practice and GP name sourced from MyMedicare. (MyMedicare information is automatically not displayed for under 14 year olds).

**16. On what basis are you applying to be an authorised representative? Select ONE box only.**

You must provide documents as evidence of the circumstance you select. **These documents are listed on pages 8-9.**

☐ **Circumstance 1** – My dependant is younger than 14, I have parental responsibility\* for them, they are listed on my Medicare card and I would like you to use my Medicare card details as evidence of this relationship.

☐ **Circumstance 2** – My dependant is younger than 14, I have parental responsibility\* for them and will provide evidence of this relationship.

☐ **Circumstance 3** – My dependant is younger than 14, no one has parental responsibility for them but I am authorised by law to act on their behalf.

☐ **Circumstance 4** – My dependant is younger than 14, no one has parental responsibility for them and no one is authorised by law to act on their behalf, and I am an appropriate person to be their authorised representative.

☐ **Circumstance 5** – My dependant is 14 or older, is not capable of making decisions for themselves and I am authorised by law to act on their behalf.

☐ **Circumstance 6** – My dependant is 14 or older, is not capable of making decisions for themselves, no one is authorised by law to act on their behalf, and I am an appropriate person to be their authorised representative.

\* A person with parental responsibility cannot be an authorised representative if, under a court order of Commonwealth, state or territory law, they must be supervised while spending time with the dependant or if the life, health or safety of the dependant or another person would be at risk.

**YOUR SIGNATURE**

I am applying to be the authorised representative of my dependant and to register my dependant for a My Health Record if they don't already have one, and:

- I declare that the information in this application is accurate, and any supporting documents are correct, and
- I declare that, to the best of my knowledge, I am eligible to be my dependant's authorised representative, and
- I understand my dependant's health information will be uploaded to the My Health Record system by registered healthcare provider organisations involved in my dependant's care, subject to any express advice I give my dependant's healthcare providers not to upload that information.

Date: \_\_\_\_\_

Applicant's signature

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

To apply for other dependants, please complete pages 3 and 4 for each other dependant and send the pages with this form along with documents to confirm you meet the requirements to be an authorised representative for the other dependants.

**IMPORTANT - BEFORE YOU SUBMIT THIS FORM**

Before you submit this form, make sure you have:

- ☐ answered every question, signed and dated the form
- ☐ included certified documents as evidence of the circumstances you selected at Q16 (as outlined on pages 8-9). For dependants 14 year or older, evidence must show they lack capacity
- ☐ included certified copies of your identity documents, which add up to 100 points (as outlined on pages 9-10)

**WHERE TO SEND THIS FORM**

Mail your completed and signed form, and all supporting documents to:

My Health Record

GPO Box 9942

Sydney NSW 2001

## DOCUMENTS TO PROVIDE WITH THIS FORM

You must provide identity documents with your application. You may also need to provide documents to confirm you meet the requirements to be an authorised representative.

The documents you provide must be in English. They may also need to be **certified copies** of the original document.

### WHAT IS A 'CERTIFIED COPY'?

A 'certified copy' is a photocopy of an original document that has been endorsed by an appropriate person (see pages 11-12) as being a true copy of the original.

The certification must state that the certifier has sighted the original document and believes the copy to be a true copy of the original document. The certifier must sign the copy by hand and include the date, their full name, address or contact phone number, and occupation as listed on pages 11-12.

More than one document can be photocopied onto the same page, but each document on a page must be certified separately. Provide the front and back of the document if stated in the Identity documents table below.

Documents not in English must be translated into English. Provide certified copies of the original, non-English document and the English translation.

Provide the certified copy with the hand-written signature – do not send a photocopy of the certification.

Documents can be certified at any time before we receive them. However, the original document must still be valid at the time we receive the certified copy except for expired passports as listed in the Primary Documents table below.

## DOCUMENTS AS EVIDENCE OF YOUR CIRCUMSTANCE

You must provide documents to support the circumstance you selected at question 16 *unless* circumstance 1 applies.

### Circumstance 1

You do not need to provide any documents as evidence of your circumstance. We will use your Medicare card details as evidence of your parental responsibility. Note that you must still provide identity documents.

### Circumstance 2


As proof of your parental responsibility, provide a certified copy of one of these documents:

- the child's birth certificate, which shows you are the child's parent
- the child's passport, which shows you are the child's parent
- a parenting order made under the *Family Law Act 1975* that shows you have parental responsibility for your child
- an order from an Australian court or tribunal that shows you are the child's parent
- adoption papers that show you are the child's adoptive parent.

### Circumstance 3

As proof that you are authorised by law to act on your dependant's behalf, provide a certified copy of one of the following:


- an order from an Australian court or tribunal that shows you are authorised by law to act on behalf of the child
- a document from a child welfare agency that identifies you as the child's foster carer or other carer.

 **Note:** Your application may be unsuccessful if there is someone with parental responsibility.

### Circumstance 4

As proof that you are appropriate to be their authorised representative, provide a statutory declaration that includes all the following:

- your relationship with the dependant
- a declaration that to the best of your knowledge there is no person with parental responsibility or who is authorised by law to act on behalf of the dependant
- an explanation of why you are an appropriate person to be the dependant's authorised representative.

 **Note:** Your application may be unsuccessful if there is someone with parental responsibility or legal authority.



Circumstance 5

As proof that you are authorised by law to act on your dependant’s behalf, provide a certified copy of one of the following:

- an Enduring Guardianship or Guardianship Order (that allows you to make medical and health decisions for your dependant)
- an Enduring Power of Attorney (that allows you to make medical and health decisions for your dependant)
- an order from an Australian court or tribunal that shows you are authorised by law to act on behalf of the dependant.

**You must also provide either:**


- written advice (original document or certified copy) from a medical practitioner or psychologist that shows the dependant is not capable of making decisions for themselves
- a certified copy of a court or tribunal decision in relation to the dependant's capacity to make decisions.

Circumstance 6

As proof that you are appropriate to be their authorised representative, provide a statutory declaration that includes all the following:

- your relationship with the dependant
- a declaration that to the best of your knowledge there is no person who is authorised by law to act on behalf of the dependant
- an explanation of why you are an appropriate person to be the dependant's authorised representative.

You must also provide written advice (original document or certified copy) from a medical practitioner or psychologist that shows the dependant is not capable of making decisions for themselves.

 *Note: Your application may be unsuccessful if someone with legal authority exists.*

IDENTITY DOCUMENTS

You must provide certified copies of documents that prove your identity.

You can provide either:

- one primary and one secondary document from the list below,
- or
- a combination of secondary documents from the list below.

**The documents must add up to at least 100 points.**

The following table lists the documents you can provide and how many points each document is worth.

PRIMARY DOCUMENTS – YOU CAN PROVIDE ONE PRIMARY DOCUMENT ONLY	POINTS
<div><input type="checkbox"/> Australian birth certificate issued by Births, Deaths and Marriages</div> <div><input type="checkbox"/> Australian citizenship certificate</div> <div><input type="checkbox"/> Current Australian passport</div> <div><input type="checkbox"/> Current foreign passport with a valid Australian visa</div> <div><input type="checkbox"/> Expired Australian passport which has not been cancelled and was current within the last three years</div> <div><input type="checkbox"/> Australian ImmiCard</div> <div><input type="checkbox"/> Certificate of identity or document of identity issued by the Department of Foreign Affairs and Trade</div> <div><input type="checkbox"/> Australian armed service papers</div> <div><input type="checkbox"/> Other document of identity equivalent to a passport, e.g. diplomatic documents</div>	70

SECONDARY DOCUMENTS – YOU CAN PROVIDE MORE THAN ONE SECONDARY DOCUMENT. YOU CAN PROVIDE TWO DOCUMENTS FROM THE FIRST SECTION BELOW BUT ONLY ONE DOCUMENT FROM OTHER SECTIONS		POINTS
<b>The following must show your name and photo:</b>		
<input type="checkbox"/> Driver licence issued by an Australian state or territory <input type="checkbox"/> Licence or permit issued under an Australian, or an Australian state or territory, government law, e.g. a boat licence or firearm licence <input type="checkbox"/> Identification card issued to an Australian state, territory or Commonwealth government employee <input type="checkbox"/> Identification card issued by an Australian state, territory or Commonwealth government, e.g. proof of age card	70	
<b>The following must show your name and address:</b>		
<input type="checkbox"/> Mortgage or other instrument of security held by a financial body <input type="checkbox"/> Local government (council) land tax or rates notice (must be less than 12 months old) <input type="checkbox"/> Land Titles Office record	40	
<b>The following must show your name:</b>		
<input type="checkbox"/> Medicare card <input type="checkbox"/> DVA card <input type="checkbox"/> A card issued by an Australian state, territory or Commonwealth government as evidence of the person's entitlement to a financial benefit e.g. Seniors Card, Pensioner Concession Card, Health Care Card <input type="checkbox"/> Australian student Identification card from a secondary school, TAFE, university or Registered Training Organisation (must have a photo or signature) <input type="checkbox"/> Marriage certificate (as evidence of maiden name only)	35	
<b>The following must show your name and signature (provide front and back of document to show signature if necessary):</b>		
<input type="checkbox"/> Credit, debit or EFTPOS card issued by an Australian bank or financial institution <input type="checkbox"/> Documents issued by foreign governments e.g. foreign driver licence <input type="checkbox"/> Membership to a registered club <input type="checkbox"/> Membership to a recognised motoring association, e.g. NRMA, RACQ, RACV	35	
<b>The following must show your name and address:</b>		
<input type="checkbox"/> Records of public utility – phone, water, gas or electricity (must be less than 12 months old) <input type="checkbox"/> Records of financial institution issued by an Australian bank, credit union or building society <input type="checkbox"/> Lease/rental agreement	35	
<b>The following must show your name:</b>		
<input type="checkbox"/> Australian Educational Certificate from a school, TAFE, university or Registered Training Organisation <input type="checkbox"/> Record of membership of an Australian professional or trade association	25	
<b>Total points</b>		

**THESE PEOPLE CAN CERTIFY YOUR DOCUMENTS****1. A person who is currently licensed or registered under a law to practice in one of the following occupations:**

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon

**2. A person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described)****3. A person who is in the following list:**

- Agent of the Australian Postal Corporation who oversees an office supplying postal services to the public
- Australian consular officer or Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*)
- Bailiff
- Bank officer with five or more continuous years of service
- Building society officer with five or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for affidavits
- Commissioner for declarations
- Credit union officer with five or more years of continuous service
- Employee of the Australian Trade Commission who is:
  - in a country or place outside Australia and
  - authorised under paragraph 3(d) of the *Consular Fees Act 1955* and
  - exercising his or her function in that place
- Employee of the Commonwealth who is:
  - in a country or place outside Australia and
  - authorised under paragraph 3(c) of the *Consular Fees Act 1955* and
  - exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with five or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student

- Member of the Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force who is:
  - an officer or
  - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with five or more years of continuous service or
  - a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
  - the Parliament of the Commonwealth or
  - the parliament of a state or
  - a territory legislature or
  - a local government authority of a state or territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- Notary public
- Permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
  - the Commonwealth or a Commonwealth authority or
  - a state or territory or a state or territory authority or
  - a local government authority
 with five or more years of continuous service who is not specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or deputy registrar, of a court
- Senior Executive Service employee of:
  - the Commonwealth or a Commonwealth authority or
  - a state or territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution

**- END OF FORM -**

**Save the filled form.**

**SAVE**

**Print the form.**

**PRINT**