



MyMedicare Registration Form



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- ☐ By submitting this form, any existing MyMedicare registration will be withdrawn and the previous practice and provider notified.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

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FORM MUST BE SIGNED TO BE VALID

About you

The information you provide will help your practice and the government to plan and improve your health care services. By completing, you consent to Services Australia, the Department of Health, Disability and Ageing and your chosen MyMedicare practice accessing this information to support your care and improve services.

You can still register for MyMedicare if you choose not to complete it.

1. Are you of Aboriginal or Torres Strait Islander descent?

- ☐ No
- ☐ Yes - Aboriginal Australian
- ☐ Yes - Torres Strait Islander Australian
- ☐ Both Aboriginal and Torres Strait Islander Australian
- ☐ Prefer not to answer

2. In which country were you born?

- ☐ Australia
- ☐ England
- ☐ New Zealand
- ☐ India
- ☐ Philippines
- ☐ Vietnam
- ☐ Italy
- ☐ South Africa
- ☐ Malaysia
- ☐ Scotland
- ☐ Other (please specify)
- ☐ Prefer not to answer

3. What is the main language you speak at home?

- ☐ English only
- ☐ Mandarin
- ☐ Arabic
- ☐ Cantonese
- ☐ Vietnamese
- ☐ Italian
- ☐ Greek
- ☐ Hindi
- ☐ Spanish
- ☐ Punjabi
- ☐ Other (please specify)
- ☐ Prefer not to answer

4. How well do you speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all
- ☐ Prefer not to answer

5. 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

6. How do you describe your sexual orientation? Only complete this question if you are aged 15 years or over.

Please select one box:

- ☐ Straight (heterosexual)
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ I use a different term
- ☐ Don't know
- ☐ Prefer not to answer

7. In everyday life, do you have difficulty participating in any of the following, related to a long-term health condition or disability?

A. Daily activities such as:

- washing, dressing
- walking, handling or lifting objects
- speaking, using communication devices

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

B. Activities of independent living, such as:

- shopping, cooking, caring for others
- making decisions, handling stress
- learning, solving problems
- relationships with people

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

C. Activities of work, education and community living, such as:

- social and community life
- work, education or training

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

8. The categories below are disability groups based on underlying health conditions and or impairments, activity limitations and participation restrictions. Which of the following best describes your health condition or disability? (Please tick the box next to any that apply – you can select more than one box)

- ☐ 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

Privacy Statement

The law regulates how Services Australia, the Department of Health, Disability and Ageing, the Australian Digital Health Agency and the Department of Veterans' Affairs may handle your personal information. Services Australia is collecting your personal information 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, Disability and Ageing, 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 <https://www.health.gov.au/resources/publications/mymedicare-privacy-notice>.

You can also read the:

- Services Australia privacy policy at: www.servicesaustralia.gov.au/privacy
- Department of Health, Disability and Ageing privacy policy at: <https://www.health.gov.au/resources/publications/privacy-policy>
- Australian Digital Health Agency privacy policy at: <https://www.myhealthrecord.gov.au/about/privacy-policy>, and
- Department of Veterans' Affairs privacy policy at: <https://www.dva.gov.au/privacy-policy>.

Practice 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

If the patient does not meet one of the two eligibility criteria above, they must meet one of the following exemptions:

- ☐ Patient has a child under 18 registered at the same practice
- ☐ Patient's parent/guardian registered at the same practice
- ☐ Patient registered at preferred GPs previous practice
- ☐ Patient experiencing family and domestic violence
- ☐ Patient experiencing homelessness
- ☐ Patient experiencing extenuating or unforeseen circumstances
- ☐ Patient living in a residential aged care home and joining GPACI

Important to note:

1. Signed forms must be entered into the system within 7 days.
2. The commencement date for the MyMedicare registration is the date that this form is signed.
3. The completed form should be retained by the practice for compliance and record keeping purposes.
4. **Forms must not be returned to Services Australia (Medicare) or the Department of Health, Disability and Ageing.**