



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 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

(dd)	(mm)	(yyyy)
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Medicare number or DVA file number

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Medicare IRN

Practice and provider details

Practice name

Together Medical Family Practice

Practice address

1571 Ferntree Gully Road, Knoxfield VIC 3180

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 By submitting this form, any existing registration in MyMedicare will be withdrawn, and my previous practice and provider will automatically be notified that I am no longer registered with them under MyMedicare.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.

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 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

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 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 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 <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 and Aged Care 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>.