

myMedicare is a voluntary patient registration model. It 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.

Patient Details

Family Name			
First Given Name		Second Name	
Date of Birth			
Medicare#		Medicare IRN	
DVA File#			

Practice & Provider Details

- Practice Name & Address

'THE DOCTORS' Hope Island

Shop 2, 331 Hope Island Road, Hope Island Qld 4212

- Name of preferred GP (General Practitioner) please indicate which GP by using "X" beside their name

Dr James Se Hyun Lee ____ **Dr Dina Grigoreva** ____ **Dr Mary-Anne Lee** ____ **Dr Noushin Majdteymouri** ____

By signing this form, I understand registering in myMedicare is voluntary and agree to the following:

- I consider this Practice to be my regular primary health care provider
- 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 By submitting this form, any existing registration in myMedicare will be withdrawn, and my previous Practice and provider will automatically be notified that I am no longer registered with them under myMedicare.
- 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
- I understand that there is no cost to register in myMedicare
- 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 Veteran's 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)

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 years old, please confirm the patient is aware of this registration and has provided consent ☐

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 old must provide their consent to register in myMedicare. A parent or guardian of a patient aged 14-17 years old 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.

OFFICE USE ONLY

Please select a box to confirm the patient’s eligibility

- ☐ The patient has had at least 2 face-to-face consultations at the Practice in the previous 24 months. The patient meets the reduced eligibility criteria of at least one face-to-face At 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 of age whose parent is already registered at this Practice
- ☐ Parents of a child under 18 years of age who is already registered at this Practice
- ☐ Patient is following a GP they are registered with to this Practice
- ☐ Patient experiencing family & domestic violence
- ☐ Patient experiencing Homelessness

Privacy Statement

The law regulates how Services Australia, the Department of Health and Aged Care, the Australian Digital Health Agency and the Department of Veteran’s 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 the relevant governmental agencies such as the Department of Health and Aged Care, Australian Digital Health Agency and the Department of Veteran’s 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 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 www.health.gov.au/publications/privacypolicy
- Australian Digital Health Agency Privacy Policy at www.myhealthrecord.gov.au/about/privacy-policy; and
- Department of Veteran’s Affairs Privacy Policy at www.dva.gov.au/privacypolicy

Please ask ‘THE DOCTORS’ Hope Island for a hard copy of this registration form if required and they will print and provide you with such for your records.

