



## Purpose of this form

Use this form if you would like to cancel your dependant's My Health Record registration and you are authorised to act on your dependant's behalf. Submitting this form will notify the Australian Digital Health Agency, the System Operator under the *My Health Records Act 2012*, that you would like to cancel your dependant's My Health Record registration.

When we refer to 'System Operator' or 'we', this may also include delegates in the Department of Health, the Chief Executive Medicare and contracted service providers who help carry out our functions.

Cancellation of a My Health Record means the health information that is included in the My Health Record will be permanently deleted\*. We will retain your name and Individual Healthcare Identifier (IHI), authorised representative status as the person who requested the cancellation, your dependant's name, your dependant's IHI and the date the cancellation takes effect.

\*Your dependant's health information may be retained at the originating source (e.g. Medicare, hospital, medical clinic).

You can cancel a dependant's record:

- within your My Health Record (via myGov) or
- by completing and returning this form to:  
My Health Record  
GPO Box 9942  
Sydney NSW 2000

**Note:** If your dependant's My Health Record has more than one authorised representative, we will write to the other authorised representative/s to advise them of the cancellation request and provide them with the opportunity to request reconsideration of your decision to cancel. Should a reconsideration request be received, the System Operator will contact you for further information to support your request to cancel your dependant's record.

An IHI is used by healthcare providers to improve the security and efficient management of an individual's My Health Record. If you are enrolled in Medicare or the Department of Veterans' Affairs (DVA), you will have been allocated a verified IHI.

If you are not listed on a Medicare card or DVA card you will need to apply for an IHI before completing this application. For more information on how to apply for an IHI, visit [www.servicesaustralia.gov.au/hi](http://www.servicesaustralia.gov.au/hi) or call the Healthcare Identifiers Service at Services Australia on 1300 361 457.

## When to use this form

Use this form if you:

- want to request to cancel your dependant's My Health Record if your dependant:
  - is under 14 years old, or
  - is 14 years or older and is not capable to make decisions for themselves

- are an authorised representative for the record you are requesting to cancel
- have not applied to be your dependant's authorised representative but are authorised to act of their behalf and would meet the requirements to be their authorised representative.

## Documents you will need to provide

You must provide certified copies of your identity documents with this application and may be required to provide certified copies of other documents to confirm your authority to act on behalf of your dependant. Information about which documents you will need to provide is set out at the end of this form.

**Note:** If you are already an authorised representative for the My Health Record you wish to cancel, you will not be required to provide documents to confirm your authority to act on behalf of your dependant but will be required to provide proof of identity.

### What does 'certified copy' mean?

A 'certified copy' of a document is a photocopy of an original document which has been endorsed by an appropriate person (see page 5) as being a true copy of the original. The certification must state that the appropriate person has sighted the original document and believes the copy to be a true copy of the original document. The person making the endorsing statement must sign the actual copy being submitted as part of your request. This signature cannot be photocopied. The person certifying your copies must include their full name, address, contact phone number and their qualifications on all copies that they certify for you.

## Corresponding with you

If we need to contact you in writing, we will use the address recorded against your verified IHI. Your verified IHI address will be your Medicare mailing address held by Services Australia or your mailing address held by the Department of Veterans' Affairs (DVA). To update this address, please call Services Australia on 132 011 or DVA on 133 254.

## 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. This means we may not be able to cancel your dependant's My Health Record registration.

If this is the case, we will attempt to contact you using the contact details you have provided in this form. However, if we are unable to contact you or you do not provide the information we require, then we may not be able to process your request.



## Why we collect personal information

To cancel your dependant's My Health Record registration, we use personal information in this form for the following purposes:

- to verify your and your dependant's identity
- to determine your authorised representative status
- to check whether a My Health Record exists for your dependant, and
- to cancel the My Health Record of your dependant.

## 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. You can access the privacy policy at [www.myhealthrecord.gov.au/privacy](http://www.myhealthrecord.gov.au/privacy) or by calling 1800 723 471.

## Your details

1. Family name

2. First given name

3. Other name(s)

4. Gender: Male  Female

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

6. Please provide one of the following:

Your Medicare card number and Individual Reference Number (IRN) (number beside your name)

OR

Your DVA file number

OR

Your IHI

**Note:** These numbers will be on the front of the Medicare or DVA card or IHI letter that has been issued with your name on it. Your IRN will be beside your name on your Medicare card. If you are unsure about completing this question call **1800 723 471**.

7. Address (the address that is recorded with Medicare or DVA)

State

Postcode

**Please read this before answering question 8:** We may need to contact you using this contact number if there is an issue with your application. The details you provide below will not be recorded on your dependant's My Health Record.

8. Your best contact number including your area code

9. Do you want to be notified electronically to confirm cancellation?

No

Yes

email:

Yes

mobile phone:

## Your signature

By signing this form, I am notifying the My Health Record System Operator that I wish to cancel my dependant's My Health Record registration. I understand:

- other authorised representatives on my dependant's record will be contacted to provide them with the opportunity to request reconsideration of my decision to cancel, and
- cancelling my dependant's My Health Record will permanently delete my dependant's My Health Record and the health information contained within it will be permanently deleted, and
- the information in my dependant's My Health Record will be no longer available, even in the event of an emergency, and
- deleted information can't be retrieved, even if my dependant is re-registered with My Health Record in the future, and
- healthcare providers may have copies of their health information stored in their own record-keeping systems. Cancelling a My Health Record registration will not delete the copies stored in their healthcare providers' local system.

I declare that the information in this form is accurate and any supporting evidence submitted by me is correct.

Applicant's signature

Date  /  /

**Note:** If there are multiple authorised representatives linked to your dependant's record, the record will not be deleted until the other authorised representatives are advised of the cancellation request and given the opportunity to request a reconsideration. Should a reconsideration request be received, the System Operator will contact you for further information to support your request to cancel your dependant's record.

Giving false or misleading information is a serious offence.

## Your dependant(s) details

### Dependant 1

10. Family name

11. First given name

12. Other name(s)

13. Gender: Male  Female

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

15. Please provide one of the following for your dependant:

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

 

OR

Their DVA file number

OR

Their IHI

**Note:** These numbers will be 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. The IRN will be beside your dependant's name on the Medicare card. If you are unsure about completing this question call **1800 723 471**.

### Dependant 2

16. Family name

17. First given name

18. Other name(s)

19. Gender: Male  Female

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

21. Please provide one of the following for your dependant:

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

 

OR

Their DVA file number

OR

Their IHI

**Note:** If you intend to make an application on behalf of more dependants, please photocopy this page and attach to the form when submitting.



## Information you need to verify your identity

To establish your identity, you will need to provide documents that add up to **100 points in evidence**. To establish evidence of identity you may provide either:

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

When mailing the written application, you will need to send **certified copies** of your documents establishing evidence of identity. If any of these documents are not in English, you will need to provide certified copies of both the:

- original document and
- the English translation of the document.

We cannot process copies of foreign language documents unless there is an English translation. The table below shows the documents you can provide and how many points each document is worth.

### Checklist

#### Primary documents

<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Birth card issued by a Registry of Births, Deaths and Marriages</li> <li>• Australian citizenship certificate</li> <li>• Current Australian passport</li> <li>• Current foreign passport or travel document with a valid visa</li> <li>• Expired passport which has not been cancelled and was current within two preceding years</li> <li>• Other document of identity equivalent to a passport including diplomatic documents and some documents issued to refugees</li> <li>• Australian armed service papers</li> </ul>	70	
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#### Secondary documents – you can use more than one

<p>The following <b>must</b> contain a photograph and full name. The first document from this category is awarded 70 points. Any additional documents from this category are awarded 35 points:</p> <ul style="list-style-type: none"> <li>• Driver licence issued by an Australian state or territory</li> <li>• Licence or permit issued under a law of the law Commonwealth, or state or territory government e.g. a boat licence</li> <li>• Identification card issued to a public employee</li> <li>• Identification card issued by the Commonwealth, state or territory government as evidence of the person's entitlement to a financial benefit</li> </ul>	70	
<p>The following <b>must</b> have a name and address:</p> <ul style="list-style-type: none"> <li>• Mortgage or other instrument of security held by a financial body</li> <li>• Local government (council) land tax or rates notice</li> <li>• Land Titles Office record</li> </ul>	40	
<p>The following <b>must</b> have a name and signature:</p> <ul style="list-style-type: none"> <li>• Marriage certificate (for maiden name only)</li> <li>• Credit card</li> <li>• Foreign driver licence</li> <li>• Medicare card (signature not required on Medicare card)</li> <li>• DVA treatment card (signature not required on DVA card)</li> <li>• Identification card issued to a student at a tertiary education institution</li> <li>• Membership to a registered club (NRMA or equivalent)</li> <li>• EFTPOS card</li> </ul>	35	
<p>Only <b>one</b> from each document type may be used (must include name and address):</p> <ul style="list-style-type: none"> <li>• Records of public utility – phone, water, gas or electricity</li> <li>• Records of financial institution</li> <li>• Lease/rental agreement</li> </ul>	35	
<p>The following <b>must</b> have name and date of birth:</p> <ul style="list-style-type: none"> <li>• Record of primary, secondary or tertiary education institution attended by the applicant within the last 10 years</li> <li>• Record of professional or trade association of which the applicant is a member</li> </ul>	25	

## Documents to confirm you are an authorised representative

**Note:** If you are already an authorised representative for the My Health Record you wish to cancel, you are not required to provide documents to confirm you are an authorised representative.

To enable the System Operator to consider/verify whether you are an authorised representative of a dependant and authorised to request cancellation of the dependant's My Health Record, you must submit evidence of your relationship with the dependant that relates to your type of application, examples of which are:

Supporting information:

- The dependant's identity details such as name, date of birth and Medicare card number
- Your identity details such as name, date of birth and Medicare card number
- Your authority to act on behalf of the person (further details below)

To prove parental authority for a dependant under 14 years of age, you can provide certified copies of:

- The child's birth certificate
- Your Medicare card, which shows your name and your child's name
- An order from an Australian court or tribunal that shows you are the child's parent

To demonstrate other forms of authority, you can provide certified copies of:

- Enduring Guardianship or Guardianship Order (that allows you to make medical/health decisions for your dependant)
- Enduring Power of Attorney (that allows you to make medical/health decisions for your dependant)
- A court or tribunal order (that allows you to make medical/health decisions for your dependant)
- If you do not have legal authority for your dependant, a statutory declaration specifying the following:
  - a) outlining your relationship with the dependant (for example, daughter or full-time carer)
  - b) declaring that to the best of your knowledge there is no other person who is authorised by law to act on behalf of the dependant, and
  - c) an explanation of why you are an appropriate person to be the dependant's authorised representative.

**(Please note:** your application may be unsuccessful if someone with more responsibility or legal authority exists).

If your dependant is 14 years of age or over and is not capable to make decisions for themselves, you will also need to provide:

- Written advice from a medical practitioner or psychologist as evidence that the person is not capable of making decisions for themselves.

When submitting your application by post, you will need to attach a certified copy of your documentary evidence (if required) and identity documents to your application.

The appropriate persons who can certify a document to be submitted to the System Operator are:

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.

