



advancing health care delivery

Better Healthcare with *My eHealth Record*

What is *My eHealth Record*?

My eHealth Record is a way of securely storing and sharing important healthcare information with your consent, so that it is easily and quickly available when needed for your ongoing care.

Your record in *My eHealth Record* does not replace the medical records held by your healthcare providers, but stores a summary of the important information collected by your healthcare provider during a healthcare event. This summary is created at the conclusion of a healthcare event for sending to your record in *My eHealth Record*.

Who are the operators of *My eHealth Record*?

My eHealth Record is operated by eHealthNT, Northern Territory Department of Health in collaboration with the Aboriginal Medical Services Alliance of the Northern Territory and Northern Territory PHN.

What information will be in *My eHealth Record*?

The type of information in a summary may include adverse reactions, allergies, alerts, risk factors, medical problems/diagnosis, current medications, immunisations, progress notes and observations. Summaries may be in the form of:

- a profile of your health (including medical history for up to 20 previous visits) provided by your nominated healthcare provider, which may be updated after each future visit.
- a summary of each visit to a participating healthcare provider, GP or hospital.
- a discharge summary from an admission to a ward or the Emergency Department at a hospital.
- pathology test results and radiology reports.

How can I control access to my record in *My eHealth Record*?

By registering for *My eHealth Record*, you consent to your health information being sent to your record in *My eHealth Record* and accessed by participating healthcare providers involved in your care.

You have the option to:

- say "no" at any time. If there is certain information that you do not want sent to your record in the *My eHealth Record*, tell your participating healthcare provider that you do not want this information sent to your record.

- ask at any time to stop a summary from being accessible in your record in *My eHealth Record*. Your healthcare provider or staff at eHealthNT can help arrange this.
- review who has sent or accessed your health summaries in your record in *My eHealth Record*. Access to your record is tracked and kept in an 'audit' log.
- request to see the information held on your record in the *My eHealth Record* or to correct any incorrect information by asking a participating healthcare provider or staff at eHealthNT.
- withdraw at any time. You can do this by writing to a participating healthcare provider or the eHealthNT office. Records in *My eHealth Record* will no longer be available (except when required by law) after withdrawal or after the registered consumer is deceased.

How do I register for *My eHealth Record*?

Registering for *My eHealth Record* is voluntary and free. Parents or legal guardians can register children under the age of 16 years in their care.

Registration forms are available from the *My eHealth Record* website and participating healthcare providers.

What happens after I complete a registration form?

Staff at eHealthNT may confirm your personal details such as name, address, date of birth, next of kin and contact details with your nominated healthcare provider.

If you are a Northern Territory resident you will be issued a Hospital Reference Number (HRN). You may already have a HRN if you have used a service provided by the Northern Territory Department of Health. The HRN will enable information to be sent or accessed by NT public hospitals and other Departmental health services. The HRN is for administration purposes only, you will not need to provide or know your HRN. More information is available from the *My eHealth Record* website.

An Individual Healthcare Identifier (IHI) may be obtained from the Healthcare Identifiers Service operated by Medicare. The IHI is a national healthcare identifier which provides a way for healthcare providers to more accurately match healthcare records. Your IHI may be used by participating healthcare providers to access and send information to your record in *My eHealth Record*.

Your nominated healthcare provider will be informed that your registration has been successful. Your nominated healthcare provider will create your initial health profile which may include medical history for up to 20 previous visits.

You will be issued with a *My eHealth Record* Registration Card with your name and registration number on it. Look for the *My eHealth Record* sign when you attend a new healthcare provider to see if they are participating. By showing your Registration Card, you can let them know that you agree to them using your record in *My eHealth Record*. In emergencies participating healthcare providers will be able to use the details on your Registration Card to access your record in *My eHealth Record*. It is therefore important to carry your card with you at all times.

Who are the participating healthcare providers?

Look for the *My eHealth Record* sign when you attend a healthcare provider to see if they are participating. Currently the types of healthcare providers participating include:

Northern Territory:

- Aboriginal Community Controlled Health Services, general practices, NT Department of Health remote health centres, and all public hospitals.

South Australia:

- Aboriginal Community Controlled Health Services.

Western Australia:

- Western Australia Country Health Service (WACHS) Kimberley Region public hospitals.

Privacy - How will my private information be managed?

My eHealth Record complies with relevant privacy legislation and standards for privacy and security.

The only people who have access to your health information in your record in *My eHealth Record* are authorised healthcare workers, including doctors, nurses, Aboriginal health workers (except Western Australia) and other healthcare workers who are registered to use *My eHealth Record*. Authorised healthcare workers are only authorised to access your record for the purpose of providing your healthcare and to check the information is correct.

Your personal details (such as name, address, date of birth, next of kin and contact details) are included in your record in *My eHealth Record* and may be viewed by eHealthNT staff or those

staff employed by your participating healthcare provider for administrative purposes such as updating your contact details.

My eHealth Record data may be used for evaluation purposes and published. You will not be personally identified in any way in any publication. *My eHealth Record* data will not include any information about your health (eg, your health conditions or treatment). Your personal (identifying) information will not be used nor disclosed for other purposes such as research.

The protection of your privacy is extremely important to *My eHealth Record*. If you have any concerns, you can talk to a participating healthcare provider or staff at eHealthNT.

Complaints process

My eHealth Record is committed to promptly investigating all complaints and concerns about how your health information is managed. Copies of our complaints policy, information brochure and complaint forms are available from the *My eHealth Record* website and participating healthcare providers.

The Northern Territory Information Commissioner may also be able to look into a complaint you have regarding *My eHealth Record*. Depending on the nature of the complaint the Commissioner may refer your concerns to the Northern Territory Health and Community Services Complaints Commissioner, the Office of the Australian Information Commissioner, the Health and Community Services Complaints Commissioner of South Australia or the Western Australia Health and Disability Services Complaints Office to further investigate your complaint.

Northern Territory Information Commissioner

Free Call: 1800 005 610

email: infocomm@nt.gov.au

Website: <http://www.infocomm.nt.gov.au>

The national, My Health Record system

My eHealth Record is implementing key foundations to ensure healthcare providers and consumers who take part will be able to participate in the national, My Health Record system when it is available.

For further information contact eHealthNT:

Postal: GPO Box 156, DARWIN NT 0801

Free Call: 1800 619 411

Email: mehr.ths@nt.gov.au

Website: www.myhealthrecord.com.au

The website lists participating healthcare providers; and further information about *My eHealth Record* policies and guidelines relating to privacy and complaints handling.



Consumer Registration Form

Complete this form if you would like to register for *My eHealth Record*. You can also register children in your care under the age of 16 years in section 3.
For more information **free call 1800 619 411** or visit www.myhealthrecord.com.au

Lodge your completed form:

Post: GPO Box 156 Darwin NT 0801

Fax: (08) 8924 7266

Email: mehr.ths@nt.gov.au

Registration Change of details

- | | | |
|--|---|---|
| <input type="checkbox"/> New Registration | <input type="checkbox"/> Change of Address | <input type="checkbox"/> Change of Name |
| <input type="checkbox"/> New Child/ren Registration only | <input type="checkbox"/> Change to Adult status | <input type="checkbox"/> Other _____ |

Section 1 Applicant Details

Given Name/s:			
Family Name:			
Other names you are known by: <small>Including any previous names This information is required to assist in identifying you correctly</small>			
Date of Birth: DD/MM/YYYY	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address:			
Mailing Address:			
Contact Numbers:			
Email: <small>May be used to contact you</small>			
Nominated Health Centre/s or GP Practice/s: <small>This information is used to send a health profile for you to <i>My eHealth Record</i></small>			
Medicare Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Each box <u>must</u> contain a number see back page.	

Section 2 The following questions are optional

Medicare - I give permission for a copy of the information on page 1 of this form (& page 2, if you have listed any children in your care) to be provided to Medicare.	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>(see back page for more information)</small>	Are you of Aboriginal and/or Torres Strait Islander (TSI) origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/> Aboriginal/TSI <input type="checkbox"/> No
Next of Kin Details - This information assists with matching you with your healthcare records. It is not used to notify your next of kin in an emergency.	Full Name:		
	Relationship to Applicant:		

Privacy Note

The information provided in this form will be used to register you and any children listed in Section 3 for *My eHealth Record*. This information will be entered into your and/or your children's record/s in *My eHealth Record* and may be disclosed, together with a copy of this form, to participating healthcare providers. The form signed by you will be held securely by *My eHealth Record*. If you have agreed to send a copy of pages 1 and 2 of this form to Medicare Australia, they may retain the copy.

FOR OFFICE USE ONLY

HRN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	My eHealth Record No H C <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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A Northern Territory Government initiative, developed with financial assistance from the Australian Government.

Section 3 - Registration for Children under the age of 16

*NOTE: It is optional to supply information in sections of this form marked with asterisks**

Child 1

Given Name/s	
Family Name	
Other Name/s	
Date of Birth	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Is the child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - TSI <input type="checkbox"/> Yes - Aboriginal/ TSI <input type="checkbox"/> No
Medicare Number	<input type="text"/>
Your relationship to this child	I am the child's:

OFFICE USE HRN HC

Child 3

Given Name/s	
Family Name	
Other Name/s	
Date of Birth	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Is the child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - TSI <input type="checkbox"/> Yes - Aboriginal/ TSI <input type="checkbox"/> No
Medicare Number	<input type="text"/>
Your relationship to this child	I am the child's:

OFFICE USE HRN HC

Child 5

Given Name/s	
Family Name	
Other Name/s	
Date of Birth	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Is the child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - TSI <input type="checkbox"/> Yes - Aboriginal/ TSI <input type="checkbox"/> No
Medicare Number	<input type="text"/>
Your relationship to this child	I am the child's:

OFFICE USE HRN HC

Child 2

Given Name/s	
Family Name	
Other Name/s	
Date of Birth	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Is the child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - TSI <input type="checkbox"/> Yes - Aboriginal/ TSI <input type="checkbox"/> No
Medicare Number	<input type="text"/>
Your relationship to this child	I am the child's:

OFFICE USE HRN HC

Child 4

Given Name/s	
Family Name	
Other Name/s	
Date of Birth	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Is the child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - TSI <input type="checkbox"/> Yes - Aboriginal/ TSI <input type="checkbox"/> No
Medicare Number	<input type="text"/>
Your relationship to this child	I am the child's:

OFFICE USE HRN HC

Child 6

Given Name/s	
Family Name	
Other Name/s	
Date of Birth	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Is the child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - TSI <input type="checkbox"/> Yes - Aboriginal/ TSI <input type="checkbox"/> No
Medicare Number	<input type="text"/>
Your relationship to this child	I am the child's:

OFFICE USE HRN HC

Section 4 - Evidence of Identity, choose either option 1, 2 or 3.

Option 1 – Attach a photocopy of your identity documents (ID) – (See last page for examples of acceptable documents)

I have attached a clear photocopy of an ID that contains a photograph and was issued by a government agency. **OR**

I have attached a clear photocopy of 2 other documents that confirm my identity.

Option 2 – Have a staff member of a healthcare facility or an approved referee (see section 7) sight your identity documents

Document(s) Description and Reference No: (eg *Driver's Licence #9963*)

I (Print Your Name) have sighted the above document(s) and confirmed the applicant's identity:

Position & Healthcare Facility, or Referee Category (see section 7):

Signature: _____ Phone: _____ Date / / ---

Option 3 – No identity documents – have an approved referee or staff member of a healthcare facility confirm your identity

Name:

Position & Healthcare Facility, or Referee Category (see section 7):

Healthcare facility staff: I confirm the identity of the applicant(s) from the medical records held at the facility. (tick) **OR**

Approved referee (see section 7): I have known the applicant personally for year(s) month(s) or their lifetime.

Declaration: I declare that to the best of my knowledge and belief the information provided by the applicant on this form is true and correct

Signature: _____ Phone: _____ Date / / ---

Section 5 - Applicant Declaration and Signature

I UNDERSTAND THAT:

- In the following statements any reference to 'I' or 'my' include children who are being registered.
- By signing this form I am agreeing to register for *My eHealth Record*.
- My participation is voluntary.
- By registering for *My eHealth Record*, I consent to my health information being sent to, and accessed by, participating healthcare providers involved in my care as explained in the *My eHealth Record* information sheet.
- I can say 'no' to my health information being sent to, or accessed from, *My eHealth Record* at the time of a visit, or I can ask at any time to stop information about a visit being accessible by participating healthcare providers.
- I can ask a participating healthcare provider or *My eHealth Record* staff if, at the time, I do not want certain information sent to or accessed from *My eHealth Record*.
- I can withdraw at any time.
- If I withdraw, or in the event of my death, my record in *My eHealth Record* will not be able to be accessed and will not be disclosed to anyone except where this is required by law.
- The health information in *My eHealth Record* will be used for my health care. At times it may also be checked by an authorised healthcare provider to ensure that it is correct.
- *My eHealth Record* data may be used for evaluation purposes and published. I will not be able to be personally identified in any way in any publication. *My eHealth Record* data will not include any information about my health (eg, my health conditions or treatment). My personal (identifying) information will not be used nor disclosed for other purposes such as research.
- I can see the information that is held in *My eHealth Record* by asking a participating healthcare provider or *My eHealth Record* staff and I can also ask to correct any incorrect information.
- I can make a complaint if I have any concerns.

I GIVE PERMISSION for the health centre/s or GP/s nominated in Section 1 of this form to send a health profile to *My eHealth Record*. (I understand that I can give permission for other or additional health centres or GPs to send a health profile to *My eHealth Record*. I can do this by talking to the staff at the health centre or the GP involved.)

I RECEIVED The 'Better Health Care with *My eHealth Record*' information leaflet.

I DECLARE that to the best of my knowledge and belief, the information on this form is true and correct.

Tick the appropriate box Applicant Parent Normal Carer Legal Guardian[^]

Name: _____

Signature: _____

Witness Name: _____

Signature: _____ Phone: _____ Date / / ---

[^]If you are a Legal Guardian please attach a copy of any authorising documentation, eg enduring power of attorney, guardianship order or letters of support from your usual GP or healthcare provider.

Section 6 - Interpreter Declaration - Complete this section as required

Interpreter Declaration: *I have explained the 'Better Health Care with My eHealth Record' Information leaflet and the application form (including the Applicant Declaration) to the applicant in their language. (Alternatively, the Interpreter can confirm this by letter or email to the applicant and you may attach the confirmation to this form).*

Name:

Signature:

Phone:

Date / /

Section 7 - Approved List of Referees

- An individual who, in relation to an Aboriginal Community is recognised by the members of the community as an Elder or has been designated by the Community Elder; or if there is an elected Aboriginal Council that represents the community, is an elected member of the Council.
- Chairperson / manager of an incorporated organisation.
- Minister of religion.
- A registered or licensed dentist, medical practitioner, pharmacist or veterinary surgeon under a law of the State or Territory providing for that registration or licensing.
- A manager of a Post Office.
- A member of the Australian Federal Police or the police force of a State or Territory, who in their normal course of duties, is in charge of a police station.
- An individual employed as a full-time teacher or Principal at an education institution and has been so employed continuously for a period of at least 5 years.
- A Commissioner of Oaths of a State or Territory.
- A member of a Municipal, City, Town or Shire Council.
- An individual employed as a local government body of a State or Territory who must have been employed continuously for a period of at least 5 years whether or not the individual was employed for part of that period as an officer and for part as an employee.
- A judge or master of a Federal, State or Territory Court.
- A stipendiary magistrate of the Commonwealth or of a State or Territory.
- A Justice of the Peace of a State or Territory.
- A Member of Parliament of a State Parliament or a member of a Legislative Assembly of the Northern Territory.

Medicare card number



Your Medicare card is an 11 digit number. The first 10 numbers are at the top of the card, followed by the number next to your name (the Individual Reference Number).

Example of John Smith Medicare number:

1 2 3 4 5 6 7 8 9 0 - 1

Medicare

If you ticked yes in section 2 of page 1, you are giving permission for a copy of the information on page 1 of the form (and page 2, if you have listed any children in your care) to be provided to Medicare to enable them to record or amend your indigenous origin against their records and. Medicare may contact you if you have any children listed or if you do not have an existing enrolment for Medicare.

Examples of acceptable identification documents (ID)

Examples of government issued photo ID (1 only needed):

- Driver's Licence
- 18+ Card or Proof of age card
- Passport
- Working with Children Card (Ochre Card in NT)

Examples of other documents (any 2 needed) that may be used:

- Medicare Card
- Centrelink Card
- Senior's Card
- Medical referral letters
- Power/Water Accounts
- Bank Statements
- Bank ATM Card