



Cancel a My Health Record registration form

PURPOSE OF THIS FORM

Use this form to cancel your own My Health Record if you are 14 years or older.

You can also cancel your My Health Record online by logging in to your My Health Record. Follow the [step-by-step instructions online](#).

In this form, the terms 'we' and 'us' mean the Australian Digital Health Agency (the Agency). These terms may also refer to the Agency's delegates, including the Chief Executive Medicare and relevant contracted service providers that help carry out My Health Record functions.

When we cancel your My Health Record, all the health information included in the record, including any backups of the information that have been made, is permanently deleted. We will retain your name and Individual Healthcare Identifier (IHI) and the cancellation date. Your health information may still be held by the organisation that added it to your My Health Record.

You can continue to access your My Health Record until we cancel it. We will let you know by mail (and SMS or email, if requested) when we have cancelled your My Health Record.

IF WE NEED TO CONTACT YOU

If we need to contact you about this request, we will use the phone number you provide at question 8 in this form. If we cannot contact you on this number, we will use your email address if you provide one. If we don't have your phone number or email, we will write to you using your mailing address held by Medicare, the Healthcare Identifiers Service, or the Department of Veterans' Affairs (DVA).

IF YOU NEED TO CONTACT US

Phone us on **1800 723 471** (option 1) 24 hours a day, 7 days a week, except for national public holidays.

PRIVACY COLLECTION NOTICE

Submitting this form will notify the Australian Digital Health Agency (the System Operator under the *My Health Records Act 2012*), that you want to cancel your My Health Record registration.

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.

If this is the case, we will attempt to contact you using the contact details you provide in this form. However, if we cannot contact you or you do not provide the information we need, we may not be able to cancel your My Health Record.

Why we collect personal information

We use your personal information in this form to:

- verify your identity
- check whether a My Health Record exists
- cancel your My Health Record registration.

What personal information is disclosed to cancel your My Health Record registration?

We will disclose the information in this form to Medicare to verify your identity.

For more information

The My Health Record privacy policy outlines how we manage your health and other personal information. It also explains how you can access and correct personal information or make a privacy complaint. Access the [privacy policy](#) or by calling **1800 723 471**.

NEXT 

YOUR DETAILS**1. Family name****2. First given name****3. Other name(s)****4. Sex** Male Female**5. Date of birth (dd/mm/yyyy)****6. Please provide ONE of the following:****Your Medicare
card number****Your Individual Reference Number (IRN)
(number beside your name)**

OR

Your Department of Veterans' Affairs (DVA) card number

OR

Your Individual Healthcare Identifier (IHI)**i** Note: These numbers are either on the front of your Medicare or DVA card or in the IHI letter that was issued with your name on it.**7. Current address****i** (If this address is not the same as the one recorded with Medicare, DVA or Healthcare Identifiers Service, please update it before submitting this form. To update your address, call Services Australia on 132 011 or DVA on 133 254.)**Address**

Suburb:

State:

Postcode:

8. Contact number**Your best contact number including your area code****Your email address (optional)****i** Note: We will use this number (or email address if provided) only if there is an issue processing this form.

9. We will notify you by mail when we cancel your My Health Record registration.**Do you also want to be notified electronically?**

Select ONE option only.

 NO YES Email Address YES Mobile Number**YOUR SIGNATURE**

I request the cancellation of my My Health Record registration and understand:

- this action will permanently delete my My Health Record and the health information contained within it, however, my name and IHI, and cancellation date, will be retained, and
- the information in my My Health Record will no longer be available, even in the event of an emergency, and
- deleted information can't be retrieved, even if I choose to re-register with My Health Record in the future, and
- healthcare providers may have copies of my health information stored in their own record-keeping systems. Cancelling a My Health Record registration will not delete the copies stored in my healthcare providers' local systems.

I declare that the information in this application form is accurate, and any supporting documents are correct.

Applicant's signature

Date: _____

i Note: Giving false or misleading information is a serious offence.**IMPORTANT - BEFORE YOU SUBMIT THIS FORM**

Before you submit this form, make sure you have:

answered every question, and signed and dated the form

included certified copies of your identity documents (which add up to 100 points) as outlined on pages 4-5.

WHERE TO SEND THIS FORM

Mail your completed and signed form, and all supporting documents to:

My Health Record

GPO Box 9942

Sydney NSW 2001

DOCUMENTS TO PROVIDE WITH THIS FORM

You must provide identity documents with this request to cancel your My Health Record. These documents must be in English and be **certified copies** of the original document.

WHAT IS A 'CERTIFIED COPY'?

A 'certified copy' is a photocopy of an original document that has been endorsed by an appropriate person (see pages 6-7) as being a true copy of the original.

The certification must state that the certifier has sighted the original document and believes the copy to be a true copy of the original document. The certifier must sign the copy by hand and include the date, their full name, address or contact phone number, and occupation as listed on pages 6-7.

More than one document can be photocopied onto the same page, but each document on a page must be certified separately. Provide the front and back of the document if stated in the Identity documents table below.

Documents not in English must be translated into English. Provide certified copies of the original, non-English document and the English translation.

Provide the certified copy with the hand-written signature - do not send a photocopy of the certification.

Documents can be certified at any time before we receive them. However, the original document must still be valid at the time we receive the certified copy except for expired passports as listed below in the primary documents table.

IDENTITY DOCUMENTS

You must provide documents that prove your identity.

You can provide either:

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

The documents must add up to at least 100 points.

The following table lists the documents you can provide and how many points each document is worth.

PRIMARY DOCUMENTS – YOU CAN PROVIDE ONE PRIMARY DOCUMENT ONLY	POINTS
<input type="checkbox"/> Birth certificate or birth card issued by a Registry of Births, Deaths and Marriages	70
<input type="checkbox"/> Australian citizenship certificate	
<input type="checkbox"/> Current Australian passport	
<input type="checkbox"/> Current foreign passport with a valid Australian visa or travel document with a valid Australian visa	
<input type="checkbox"/> Expired Australian passport which has not been cancelled and was current within the last two years	
<input type="checkbox"/> Australian ImmiCard	
<input type="checkbox"/> Other document of identity equivalent to a passport, e.g. diplomatic documents	
<input type="checkbox"/> Australian armed service papers	

SECONDARY DOCUMENTS – YOU CAN PROVIDE MORE THAN ONE SECONDARY DOCUMENT. YOU CAN PROVIDE TWO DOCUMENTS FROM THE FIRST SECTION BELOW BUT ONLY ONE DOCUMENT FROM OTHER SECTIONS	POINTS
The following must show your name and photo:	
<input type="checkbox"/> Driver licence issued by an Australian state or territory <input type="checkbox"/> Licence or permit issued by an Australian state, territory or Commonwealth government, e.g. a boat licence <input type="checkbox"/> Identification card issued to an Australian state, territory or Commonwealth government employee <input type="checkbox"/> Identification card issued by an Australian state, territory or Commonwealth government, e.g. proof of age card	70
The following must show your name and address:	
<input type="checkbox"/> Mortgage or other instrument of security held by a financial body <input type="checkbox"/> Local government (council) land tax or rates notice <input type="checkbox"/> Land Titles Office record	40
The following must show your name:	
<input type="checkbox"/> Medicare card <input type="checkbox"/> DVA card <input type="checkbox"/> A card issued by an Australian state, territory or Commonwealth government as evidence of the person's entitlement to a financial benefit e.g. Seniors Card, Pensioner Concession Card, Health Care Card <input type="checkbox"/> Identification card issued to a student at a tertiary education institution <input type="checkbox"/> Marriage certificate (as evidence of maiden name only)	35
The following must show your name and signature (provide front and back of document to show signature if necessary):	
<input type="checkbox"/> Credit, debit or EFTPOS card <input type="checkbox"/> Foreign driver licence <input type="checkbox"/> Membership to a registered club <input type="checkbox"/> Membership to a recognised motoring association, e.g. NRMA, RACQ, RACV	35
The following must show your name and address.	
<input type="checkbox"/> Records of public utility – phone, water, gas or electricity <input type="checkbox"/> Records of financial institution <input type="checkbox"/> Lease/rental agreement	35
The following must show your name:	
<input type="checkbox"/> Record of primary, secondary or tertiary education institution attended within the last 10 years <input type="checkbox"/> Record of membership of a professional or trade association	25
<div style="text-align: right;">Total points</div>	

THESE PEOPLE CAN CERTIFY YOUR DOCUMENTS**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 authoritywith 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

- END OF FORM -

Save the filled form.

SAVE

Print the form.

PRINT

◀ PREVIOUS

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