

8 Are you requesting personal or family claims information?

Personal only **Go to 14**

Family only

Personal and family

Family members aged 14 years and over

9 Are you requesting information about other family members aged 14 years or over?

No **Go to 10**

Yes

Complete question 9 if information is required for other family members aged 14 years and over.

Information requested for family members aged 14 years and over, must be accompanied by their signature.

If the other family members are not listed on your Medicare card they will need to submit a separate request.

Family member 1

Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

Would you like us to send your personal information to a third party?

No

Yes I authorise Services Australia to provide my personal information requested in this form, to the following organisation or person:

Contact name

Organisation name

Postal address

Postcode

Family member 1 signature

Date (DD MM YYYY)

Family member 2

Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

Would you like us to send your personal information to a third party?

No

Yes I authorise Services Australia to provide my personal information requested in this form, to the following organisation or person:

Contact name

Organisation name

Postal address

Postcode

Family member 2 signature

Date (DD MM YYYY)

If the information relates to more than 2 additional family members aged 14 years and over, provide a separate sheet with details.

Requests for children under 14 years of age

A person with parental responsibility can generally get Medicare or PBS information about a child where the child is under 14 years of age and listed on the same Medicare card as the requesting person.

10 Are you requesting information for a child under 14 years of age?

No **Go to 14**

Yes

11 Are you the child's parent or guardian?

No You may not request this claims information

Yes If legal guardian, attach supporting documents

Child 1

Family name

First given name

Second given name

Other names child known by (if applicable)

Date of birth (DD MM YYYY)

Is the child a subject of Family Court orders?

No

Yes Provide a copy of the current court order.

Is the child listed on more than one Medicare card?

No

Yes Provide details

Child's other Medicare card number

Ref no.

Child's other address (if applicable)

Postcode

Child 2

Family name

First given name

Second given name

Other names child known by (if applicable)

Date of birth (DD MM YYYY)

Is the child a subject of Family Court orders?

No

Yes Provide a copy of the current court order.

Is the child listed on more than one Medicare card?

No

Yes Provide details

Child's other Medicare card number

Ref no.

Child's other address (if applicable)

Postcode

Child 3

Family name

First given name

Second given name

Other names child known by (if applicable)

Date of birth (DD MM YYYY)

Is the child a subject of Family Court orders?

No

Yes Provide a copy of the current court order.

Is the child listed on more than one Medicare card?

No

Yes Provide details

Child's other Medicare card number

Ref no.

Child's other address (if applicable)

Postcode

If the information relates to more than 3 children under 14 years of age, provide a separate sheet with details.

12 Would you like us to send your child's/children's personal information to a third party?

No **Go to 14**

Yes

13 I authorise Services Australia to provide my child's/children's personal information requested in this form, to the following organisation or person:

Contact name

Organisation name

Postal address

Postcode

Authorisation

14 Would you like us to send your personal information to a third party?

No **Go to 16**

Yes

15 I authorise Services Australia to provide my personal information requested in this form, to the following organisation or person:

Contact name

Organisation name

Postal address

Postcode

Privacy notice

16 The privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information so we can process and manage your applications and payments, and provide services to you. Services Australia only shares your information with other parties where you have agreed, or where the law allows or requires it.

If you have requested claims history which is older than 5 years, your personal information will be disclosed to the Department of Health so that your request can be processed.

For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

17 I declare that:

- I have parental responsibility for each child under 14 years of age for whom I have requested claims information
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Applicant's signature

Date (DD MM YYYY)

Returning this form

Check that all required questions are answered and that the form is signed and dated.

If you have indicated that the information requested in this form should be provided to a third party, return this completed form to that third party.

The third party is responsible for returning this completed form and any supporting documents:

- **email to medicare.disclosure@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.
- in person at one of our service centres.