

# Australian Immunisation Register

## Ceasing correspondence and release of information (IM017)

### When to use this form

Use this form if you do not want:

- to receive information from the Australian Immunisation Register (AIR) about your record or a record of a child under 14 years in your care, and/or
- the AIR to share your information, or the information of a child under 14 years in your care, with third parties such as vaccination providers.

If a child(ren) on your Medicare card aged 14 years or older, has previously been withdrawn from receiving information from the AIR or from having their information shared with third parties, and they want to continue with this arrangement, they will need to complete a separate **Australian Immunisation Register Ceasing correspondence and release of information (IM017)** form.

### For more information

Go to [servicesaustralia.gov.au/air](https://servicesaustralia.gov.au/air) or call 1800 653 809 Monday to Friday, 8 am to 5 pm, local time.

### Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to [servicesaustralia.gov.au/formhelp](https://servicesaustralia.gov.au/formhelp)

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ☐ ➔ **Go to 1** skip to the question number shown.

### Returning this form

Return this form and any supporting documents by:

- post to**  
Services Australia  
Australian Immunisation Register  
PO Box 7852  
CANBERRA BC ACT 2610

### Reason for completing this form

**1** I do not want:

**Tick ALL that apply**

to receive information about my record from the AIR ☐

the AIR to share my information with third parties such as vaccination providers ☐

to receive information about the record of a child(ren) under 14 years in my care from the AIR ☐

the AIR to share information about a child(ren) under 14 years in my care with third parties for example vaccination providers ☐

**Read this before completing the form.**

The details you provide are used to identify and establish your authorisation to update the AIR for the purpose of this form only.

**Your personal details cannot be updated using this form.**

For information on how to update your details with the AIR, go to [servicesaustralia.gov.au/air](https://servicesaustralia.gov.au/air)

For information on how to update your details with Medicare, go to [servicesaustralia.gov.au/medicareonline](https://servicesaustralia.gov.au/medicareonline) and select 'What you can do'.

### Your details

**2** Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐  
Family name

First given name

Second given name

**3** Your date of birth (DD MM YYYY)

**4** Medicare card number

Ref no. ☐

**5** Your permanent address

Postcode



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6 Do you have a child(ren) under 14 years in your care?

No ☐ **Go to 8**

Yes ☐

## Details of children in your care

7 Provide details of your child(ren) under 14 years in your care.

A separate form must be completed for individuals aged 14 years or over.

### Child 1

Child's family name

Child's first given name

Child's second given name

Child's date of birth (DD MM YYYY)

Medicare card number

Ref no.

Child's home address

  
  

Postcode

### Child 2

Child's family name

Child's first given name

Child's second given name

Child's date of birth (DD MM YYYY)

Medicare card number

Ref no.

Child's home address

  
  

Postcode

### Child 3

Child's family name

Child's first given name

Child's second given name

Child's date of birth (DD MM YYYY)

Medicare card number

Ref no.

Child's home address

  
  

Postcode



If you need more space, provide a separate piece of paper.

## Privacy notice

8 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for administering payments and services. This information is required to assist with your application or claim.

Your information may be used by us, or given to other parties: where you have agreed to that; or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which we will manage your personal information, including our privacy policy, a [servicesaustralia.gov.au/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

## Declaration

9 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Full name

Your signature

Date (DD MM YYYY)