



Request for information about Medicare card details accessed

Information about your request

The purpose of this form is for individuals and families to request information about searches made on their Medicare card details by health professionals.

Any changes to this form must be initialled by the relevant signatories.

This form should only be used to request details of accesses and checks made against an individual's Medicare card details using the agency's online services.

You can request information for the last two years.

If you are requesting information for a person (other than children under 14 years of age) who cannot consent to the release of their own information (e.g. they have a power of attorney or they are deceased), **provide evidence of your authority to act on their behalf as well as completing this form.**

If you are requesting information for yourself and a family member or child, you will need to complete a separate form for each individual.

Any information provided in response to your request may include relevant checks completed, dates and the health professionals' name(s) and location(s).

For more information

Go to servicesaustralia.gov.au and search for 'Release of personal information'.

Filling in this form

- Please use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this Go to 5 skip to the question number shown. You do not need to answer the questions in between.

Details of person making request

1 Medicare card number -- Ref no.

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Date of birth / /

4 Residential address

Postcode

5 Postal address (If different to above)

Postcode

6 Daytime phone number

Mobile phone number

Email

@

As we will send your personal information to the email address that you provide, you should be satisfied that the address is appropriate for the receipt of personal information.
There may be risks associated with transmitting personal information via unsecured network/emails.

Request details

7 Indicate the date range(s) for the information required.

from / / to / /

(insert full date range e.g. 01/10/2016 to 31/05/2017)

8 Are you requesting personal or family information?

Tick **ONE** only

Personal **Go to 14**

Family

9 Details of the family member the request is for

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
Second given name					
<input type="text"/>					
Other names known by (if applicable)					
<input type="text"/>					
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>				

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 is 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 13**

Yes

11 Are you the child's parent or legal guardian?

No You may not request this information

Yes If legal guardian, attach supporting documents

12 Is the child a subject of Family Court orders?

No

Yes Provide a copy of the current court order.

13 Are you requesting information about a family member aged 14 years or over?

No

Yes Family member's signature required below.

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

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

Family member's signature

Date

 / /

Obligations

14 Privacy notice

The privacy and security of your personal information is important to Services Australia, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

15 Declaration

I declare that:

- I have parental responsibility for the child under 14 years of age for whom I have requested 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.

Requestor's signature

Date

 / /

Returning your form

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

Email the completed form to:

medicare.information@servicesaustralia.gov.au

Note: There may be risks associated with transmitting personal information via unsecured network/emails.