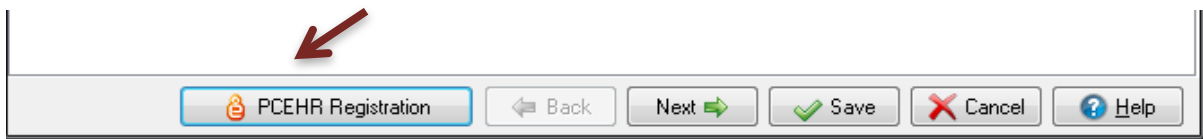


Signing up for a My Health Record

Step 1

- If a patient has a valid IHI and wishes to sign up for a My Health Record provide and/or explain the essential information to patient.
- Select '**PCEHR Registration**' in change patient details screen.



Step 2

- The Assisted Registration screen will prepopulate with the patient details.

Step 3

- Confirm the details are correct before proceeding.

A screenshot of the 'PCEHR Assisted Registration' form. The form is pre-populated with patient details: Surname: SMITH, First Given Name: Frances, IHI: [blank], Medicare Card/Ref No: 6867729746 1, DVA No: [blank], Date of Birth: 06/12/1960, Sex: F, Aboriginality: Aboriginal. The form includes sections for Guardian Details, Opt in Information Sharing, Identity Verification Code Delivery Method, Evidence of Identification, and Declaration. A red arrow points to the 'Edit Patient' button.

Step 4

- Complete all boxes with patients answers to each question.

Opt in Information Sharing

Consent to Share Future MBS Information:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Blank
Consent to Share Past MBS Information:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Blank
Consent to Share Future PBS Information:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Blank
Consent to Share Past PBS Information:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Blank
Consent to Share AODR Information:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Blank
Consent to Share ACIR Information:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Blank

Step 5

- Identify how the patient would like to receive their IVC.
- If no boxes are ticked an IVC will not be generated.
- A My Health Record will still be generated and a patient may elect at a later date to request an IVC.

Identity Verification Code Delivery Method

None

Email Email Address:

SMS Mobile No:

Response (Will be displayed in Communicare)

Step 6

- Select from the drop down menu which form of identification was used to identify the patient.

Evidence of Identification

Identity Verification Method:

**Step
7**

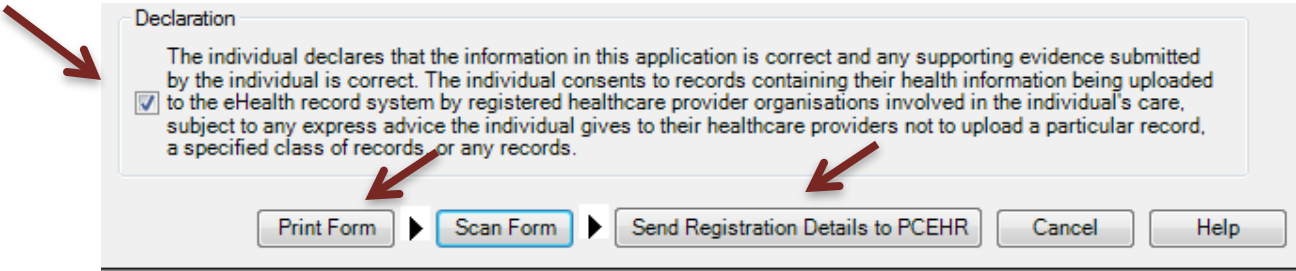
- Tick the **'Declaration'** if the patient consents to the generation of a My Health Record to continue.

**Step
8**

- **If your health service policy states to print the form and have patient sign you should complete this step.**
- Print form and have patient check all information is correct and then ensure they sign the completed form.

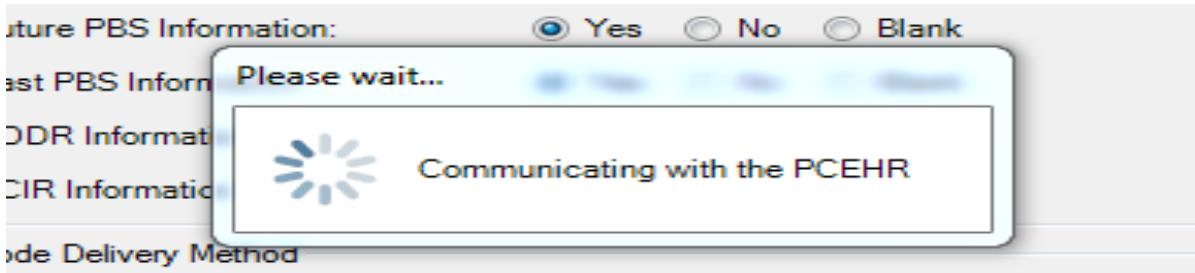
**Step
9**

- Once the form is printed and signed select **'Send Registration Details to My Health Record'**.



**Step
10**

- If an IVC was requested it will be generated at this time.



**Step
11**

- Open **'Biographics'** on the Administration tab. Tick the box **"patient consents to My Health Record uploads"**

Patient now has a My Health Record and health service clinical staff can view and upload clinical information