



## Agreement under Section 46E(2) of the *Health Insurance Act 1973*

This agreement is made by:

**An individual immunisation provider (the “Applicant”)**

Name of Immunisation Provider.....

Business address of Provider.....

.....

GP/II or PIP Practice number (if applicable).....

Telephone no (.....) ..... Fax no (.....) .....

**OR**

**A Medical Practice** - each of the individual signatories (each being an “Applicant”) together constitute the Practice known as:

Name of Practice.....

Business address of Practice.....

.....

GP/II or PIP Practice number (if applicable).....

Contact name.....

Telephone no (.....) ..... Fax no (.....) .....

### **Background**

The *Health Insurance Act 1973* (the Act) makes provision in relation to the Australian Childhood Immunisation Register (the ACIR) and enables Medicare Australia to provide identifying information from the ACIR to certain people for a purpose relating to the immunisation or health of a child.

Medicare Australia cannot release any identified information to you unless this Agreement is completed and signed as required.

You, as the Applicant, are recognised by Medicare Australia as a provider of immunisation services to children specified by Schedule 1A to the *Health Insurance Regulations*.

The Chief Executive Officer of Medicare Australia may authorise you to receive identifying information for a purpose relating to the immunisation or health of a child, if you agree in writing to the various matters referred to in section 46E(2) of the Act.

**You understand that:**

1. You are not in breach of this Agreement or the *Health Insurance Act 1973* if:
  - (a) you are legally required to give the identifying information to a court; or
  - (b) you are an Immunisation Provider and you give the identifying information in the course of performing the function of immunising children.

**You agree that:**

2. You will, even after you cease to be a recognised Immunisation Provider:
  - a) not use the identifying information except for a purpose relating to the immunisation or health of a child for which the information is given; and
  - b) not, either directly or indirectly, give the identifying information to another person; and
  - c) protect any record of the identifying information, in your possession, against loss or misuse using security measures which are reasonable in the circumstances.

**You understand that:**

3. Under section 130(3B) of the *Health Insurance Act 1973*:

You must not use the information except for the purpose for which it was requested.

Penalty: 5 penalty units (a penalty unit is defined in the *Commonwealth Crimes Act 1914*)

**Privacy note:**

The information provided by you in this agreement will be used by Medicare Australia to record your acceptance of the conditions contained in the Agreement and its collection is authorised by the *Health Insurance Act 1973*. Information on this form will not be disclosed to any other individual, organisation or agency.

**Please mail or fax all pages of this Agreement to:**

Immunisation Section, Medicare Australia  
GPO BOX 295, HOBART TAS 7001

or fax to: (03) 6215 5686

For any enquiries in relation to this document, phone 1800 246 101.

## Agreement

**\* Note: All Provider signatures must be witnessed**

### Individual Immunisation Provider application

Provider name ..... Provider number.....

Signature ..... Dated.....

\*Witness name (please print).....

Witness signature..... Dated.....

**OR**

### Medical Practice application (must be signed by all Providers working at the practice)

Provider name..... Provider number.....

Signature ..... Dated.....

Provider name..... Provider number.....

Signature ..... Dated.....

Provider name..... Provider number.....

Signature ..... Dated.....

Provider name..... Provider number.....

Signature ..... Dated.....

Provider name..... Provider number.....

Signature ..... Dated.....

Provider name..... Provider number.....

Signature ..... Dated.....

**Please attach an additional page where the above does not accommodate all  
“Applicant” signatories, accompanied by a witness signature.**

\*Witness name (please print).....

Witness signature..... Dated .....