

# medicare

# Australian Organ Donor Register New registration, change or removal of donation decision details

## Purpose of this form

Complete this form to register, change or remove your donation decision details on the Australian Organ Donor Register (the Donor Register).

People 16 years of age or older can register their donation decision on the Donor Register.

#### For more information

For more information about the Donor Register go to our website humanservices.gov.au/organdonor or call 1800 777 203 Note: Call charges apply from mobile phones.

## Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this □ with a ✓ or ✗

## **Returning your form**

This form can be returned to a Medicare Service Centre, or send reply paid to:

Australian Organ Donor Register Reply Paid 711 HOBART TAS 7001 or fax to: 1300 587 189.

#### Your decision

1	I want to (tick one box only):
	register myself on the Donor Register
	change my donation decision
	details on the Donor Register
	be removed from the Donor Register
	register my decision not to be a donor $\square$
Υοι	ur details
2	I authorise my donor registration to be linked to my Medicare record
	Your Medicare card number
	Ref no.
	Tick to authorise if Medicare card
	number not known/available
3	Donor registration number (if known)
4	Mr Mrs Miss Ms Other
	Family name
	Given name

5	Date of birth		/ /
6	Your sex	Male	Female
7	Permanent postal address		
		Postcod	le
	<b>Note</b> : Where your organ donc Medicare record, this address Medicare record for everyone	s will be used to up	date the
8	Daytime phone number		
	Email		
	@		
Orc	gan and tissue donation		
		1	
	I wish to register my consent and/or tissues for transplanta	to donate the follo tion, in the event c	
	I wish to register my consent	to donate the follo tion, in the event c	
	I wish to register my consent and/or tissues for transplanta (Tick 'All' or as many as appl All Bone tissue Heart valves	to donate the follo ation, in the event o ly): Eye tissue Kidneys	f my death. Heart 🗌 Liver 🛄
	I wish to register my consent and/or tissues for transplanta (Tick 'All' or as many as appl All Bone tissue	to donate the follo ation, in the event c ly): Eye tissue	of my death. Heart 🗌
9	I wish to register my consent and/or tissues for transplanta (Tick 'All' or as many as appl All Bone tissue Heart valves	to donate the follo ation, in the event o ly): Eye tissue Kidneys	f my death. Heart Liver

 I am aware that I can change my donation decision details at any time.

Signature

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## **Privacy notice**

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected for a Social Security, Family Assistance, Medicare, Child Support and CRS purpose, depending on the service or payment concerned. This information may be required by law or collected voluntarily when you apply for services or payments. Your information is used for the assessment and administration of payments and services and may also be used within Human Services; or disclosed to other parties or agencies, where you have provided consent or it is required or authorised by law. You can get more information about privacy by going to our website at **humanservices.gov.au/privacy** or requesting a copy of the full privacy policy at any of our Service Centres.