

Participant ID:

PARTICIPANT CONSENT FORM

Consent to release of Medicare Benefits Schedule (MBS) and/or Pharmaceutical Benefits Scheme (PBS) claims information by the Department of Human Services (DHS) to the University of New South Wales for the purposes of the Economic and Personal Impacts of Caring for families having Genomic testing in Pregnancy Study

Important Information (This form is only to be used for participants over 14 years of age)

Complete this form to request the release of your personal Medicare claims information and/or your PBS claims to the Economic and Personal Impacts of Caring for families having Genomic testing in Pregnancy Study.

Any changes to this form must be initialled by the signatory. Incomplete forms may result in the study not being provided with your information.

Rights and Privacy:

I understand that:

- my MBS and/or PBS information will be disclosed by DHS for the purposes of the study.
- the results of this research may be published in articles or journals.
- my real name will never be disclosed by DHS, used in the study or published.
- my participation in the study is completely voluntary.
- I can withdraw my participation in the study at any time (refer to participant information sheet and withdrawal of consent form).

Consent:

- I understand the information provided to me about the study I am participating in.
- I have been given the opportunity to ask questions, and any questions I have asked have been answered to my satisfaction.
- I consent to the disclosure by DHS of my MBS and/or PBS and/or AIR information to researchers for the purposes of the study.

PARTICIPANT DETAILS

1. Mr Mrs Miss Ms Other

Family name: _____ First given name: _____

Other given name (s): _____

Date of birth: ___/___/___
DD / MM / YYYY

2. Medicare card number: _____

3. Permanent address: _____

Postal address (if different to above): _____

AUTHORISATION

4. I authorise the Department of Human Services to provide my:

- Medicare claims history OR
- PBS claims history OR
- Medicare & PBS claims history OR
- AIR information

For the period* ___/___/___ to: ___/___/___ to the Economic and Personal Impacts of Caring for families having Genomic testing in Pregnancy Study.
DD / MM / YYYY DD / MM / YYYY

*Note: As the Department of Human Services can only extract 4.5 years of data (prior to the date of extraction), the consent period above may result in multiple extractions.

DECLARATION

I declare that the information on this form is true and correct.

5. Signed: _____ (participant's signature) Dated: ___/___/___ **OR**
DD / MM / YYYY

6. Signed by _____ (full name) _____ (signature) on behalf of participant

Dated: ___/___/___
DD / MM / YYYY

<INSERT SITE LOGOS>

Legal guardian**

Power of attorney**

Guardianship order**

* Once a young person has turned 14 years old, they must consent to their own information being released

** Please attach supporting evidence

Power of attorney – A power of attorney is a document that appoints a person to act on behalf of another person who grants that power. In particular, an enduring power of attorney allows the appointed person to act on behalf of another person even when that person has become mentally incapacitated. The powers under a power of attorney may be unlimited or limited to specific acts.

Guardianship order – A Guardianship order is an order made by a Guardianship Board/Tribunal that appoints a guardian to make decisions for another person. A Guardianship order may be expressed broadly or limited to particular aspects of the care of another person.

A sample of the information that may be included in your Medicare claims history:

Date of service	Item number	Item description	Provider charge	Schedule Fee	Benefit paid	Patient out of pocket	Bill type
20/04/09	00023	Level B consultation	\$38.30	\$34.30	\$34.30	\$4.00	Cash
22/06/09	11700	ECG	\$29.50	\$29.50	\$29.50		Bulk Bill

Scrambled ordering Provider number*	Scrambled rendering Provider number*	Date of referral	Rendering Provider postcode	Ordering Provider postcode	Hospital indicator	Item category
	999999A		2300		N	1
999999A	999999A	20/04/09	2300	2302	N	2

* Scrambled Provider number refers to a unique scrambled provider number identifying the doctor who provided/referred the service. Generally, each individual provider number will be scrambled and the identity of that provider will not be disclosed.

A sample of the information that may be included in your PBS claims history:

Date of supply	Date of prescribing	PBS item code	Item description	Patient category	Patient contribution (this includes under copayment amounts**)	Net Benefit (this includes under copayment amounts**)	Scrambled Prescriber number*	Pharmacy postcode
06/03/09	01/03/09	03133X	Oxazepam Tablet 30 mg	Concessional Ordinary	\$5.30	\$25.55	9999999	2560
04/07/09	28/05/09	03161J	Diazepam Tablet 2 mg	General Ordinary	\$30.85		9999999	2530

Form Category	ATC Code	ATC Name
Original	N05 B A 04	Oxazepam
Repeat	N05 B A 01	Diazepam

* Scrambled Prescriber number refers to a unique scrambled prescriber number identifying the doctor who prescribed the prescription. Generally, each individual prescriber number will be scrambled and the identity of that prescriber will not be disclosed.

** Under co-payments can now be provided for data after 1 July 2012

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications 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 humanservices.gov.au/privacy