

PARTICIPANT CONSENT FORM

Consent to release of Medicare Benefits Schedule (MBS) and/or Pharmaceutical Benefits Scheme (PBS) claims information by Services Australia to Jean Hailes for Women's Health for the purposes of the National Endometriosis Clinical and Scientific Trials (NECST) Network Registry 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 NECST Network Registry 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 Services Australia for the purposes of the study.
- the results of this research may be published in articles or journals.
- my name will never be disclosed by Services Australia, 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) and I do not have to provide a reason for my withdrawal.

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 Services Australia of my MBS and/or PBS 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 (tick all that apply)

4. I authorise Services Australia to provide my:

- Medicare claims history and/or
- PBS claims history

For the period *01/01/2020 to 31/12/2040 to the NECST Network Registry Study.

*Note: As Services Australia 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: ___/___/___

March 2020

Legal guardian** Power of attorney** Guardianship order**

** Please attach supporting evidence (Power of Attorney document (medical or enduring) or legal guardianship/guardianship order documents)

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	Patient out of pocket	Bill type
20/04/09	00023	Level B consultation	\$4.00	Cash
22/06/09	11700	ECG		Bulk Bill

Scrambled ordering Provider number*	Scrambled rendering Provider number*	Hospital indicator	Item category
	999999A	N	1
999999A	999999A	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**)	Scrambled Prescriber number*
06/03/09	01/03/09	03133X	Oxazepam Tablet 30 mg	Concessional Ordinary	\$5.30	9999999
04/07/09	28/05/09	03161J	Diazepam Tablet 2 mg	General Ordinary	\$30.85	9999999

Form Category	ATC Name
Original	Oxazepam
Repeat	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 servicesaustralia.gov.au/privacy