

MEDICARE CONSENT FORM

Consent to release Medicare and/or Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) claims information and/or my address details, for the purposes of the *Growing Up in Australia* study.

Important information

- By completing this form you are agreeing to the release of personal Medicare claims and/or PBS and RPBS claims information and/or your address details to the *Growing Up in Australia* study.
- Medicare (MBS) collects information on your medical visits and procedures, and the associated costs, while the PBS/RPBS collects information on the prescription medications you have filled at pharmacies.
- Any changes to this form must be initialled by the signatory. Incomplete forms may result in the Study not being provided with your information.
- By signing this form, you are acknowledging that you have read and understood the information provided to you on the back of this form and you have been given an opportunity to ask questions and understand the possibilities of disclosures of your personal information.

Section A – Participant's details

First name*:

Surname*:

Address:

Postcode:

Date of birth:

 / /

Male:

Female:

Medicare card no:

Medicare reference no:

(number next to name on the card)

Section B – Consent

I authorise the Department of Human Services to provide my:

Please tick **all** that apply

- Medicare claims information
- Pharmaceutical Benefits Scheme (PBS) claims information and Repatriation Pharmaceutical Benefits Scheme (RPBS) claims information (if and when applicable)
- Address details

to the *Growing Up in Australia* study for the life of the Study, or until I withdraw my consent, whichever occurs first.

Section C – Declaration

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

Signed (participant's signature):

Dated:

 / /

*The person named above must consent to their own information being released unless there is a:

Power of attorney (attach supporting evidence)

Guardianship order (attach supporting evidence)

OR

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.

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.

THEN Signed by:

First name:

Surname:

Signature (on behalf of participant):

Dated:

 / /

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

Date of service	Date of processing	Item number	Item description	Provider charge	Schedule fee	Benefit paid	Patient out of pocket	Bill type
20/04/09	03/05/09	00023	Level B consultation	\$38.30	\$34.30	\$34.30	\$4.00	Cash
22/06/09	23/06/09	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 co-payment amounts**)	Net Benefit (this includes under co-payment 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 June 2012.

APP5 – PRIVACY NOTICE

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services. The collection of your personal information by the Department is necessary for administering requests for statistical and other data. Your information may be used by the Department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the Department.

This page is blank intentionally.

Consent for release of Medicare data – Information sheet

I am agreeing that my Medicare and/or PBS and RPBS claims information and/or my address details, be released to the *Growing Up in Australia* study.

1. I understand that the personal information on this consent form will be sent to the Department of Human Services to allow them to release my Medicare and/or PBS and RPBS claims information and/or my address details, to the *Growing Up in Australia* study.
2. I understand that this consent form will be retained by the Department of Human Services for the life of the Study as a record of my consent.
3. I understand that an electronic copy of this consent form will be retained by the Australian Bureau of Statistics for the life of the Study as a record of my consent.
4. I understand that my address details will be used for maintaining contact with me for the purposes of the *Growing Up in Australia* study.
5. I understand that my Medicare and/or PBS and RPBS claims information will be released to the *Growing Up in Australia* study, from the date I was born, until the end of the Study, or until I withdraw my consent, whichever occurs first.
6. I understand that my PBS under co-payment data will be released to the *Growing Up in Australia* study, from 1 June 2012 until the end of the Study, or until I withdraw my consent, whichever occurs first.
7. I understand that my Medicare and/or PBS and RPBS claims information will be collected, stored, and analysed only for the purposes of the *Growing Up in Australia* study.
8. I understand that my Medicare and/or PBS and RPBS claims information will be confidentialised and stored securely by the Australian Institute of Family Studies (AIFS) **without** a specified date for the destruction of the data as *Growing Up in Australia* is an ongoing study.
9. I understand that I can, at any time, withdraw my consent to the release of my Medicare and/or PBS and RPBS claims information and/or my address details by:
 - Calling 1800 005 508 (free call excluding mobile phones)
 - Writing to *Growing Up in Australia* (Reply Paid 76746, SYDNEY NSW 2000)
 - Emailing *Growing Up in Australia* at: growingup@updatedetails.growingupinaustralia.gov.au
10. If I withdraw my consent, I understand that my Medicare and/or PBS and RPBS claims information collected before my withdrawal will continue to be used and form part of the *Growing Up in Australia* study.

Your Privacy

- Your personal and sensitive information is protected by law, including the *Privacy Act 1988*, and is collected by the *Growing Up in Australia* study for statistical purposes and to maintain contact with you.
- Your signed consent will be sought to release personal and sensitive information to any other person or organisation.
- Further information on privacy in relation to the *Growing Up in Australia* study and the *Growing Up in Australia* Privacy Statement can be found at: <https://aifs.gov.au/growingupnow/privacy-statement> or by calling 1800 005 508 (free call excluding mobile phones).