



Chronic Pain MedsCheck Trial

MEDICARE and PBS DATA PARTICIPANT CONSENT FORM

Consent to release of MEDICARE and PBS claims information for the purposes of the Chronic Pain MedsCheck Trial

Important Information

Complete this form to request the release of personal Medicare claims information and/or PBS claims information to the Chronic Pain MedsCheck Trial. Any changes to this form must be initialled by the signatory. Incomplete forms may result in the trial not being provided with your information.

By signing this form, I acknowledge that I have been fully informed and have been provided with information about this trial. I have been given an opportunity to ask questions and understand the possibilities of disclosures of my personal information.

PARTICIPANT DETAILS

1. Title: Mr Miss Mrs 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 and PBS claims history

For the period: 01/09/2016 to: 01/12/2019 to the Chronic Pain MedsCheck Trial.

**Note: 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: Dated:
- (participant's signature)* *(DD/MM/YYYY)*

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.

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	\$0	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