

Participant ID:

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Participant Consent Form for release of Medicare and/or Pharmaceutical Benefits Scheme (PBS) claims information for the purposes of the BROCADE project
Please remember this is an optional consent form for BROCADE

Important Information

Complete this form to request the release of personal Medicare claims information and/or PBS claims information to **BROCADE**

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

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

PARTICIPANT DETAILS

1. 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

(Please tick the box that best indicates your wishes)

for the period* DD/MM/YYYY to: DD/MM/YYYY to **BROCADE**

*Note: This period cannot exceed 4 ½ yrs

DECLARATION

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

5. Signed: _____ (participant's signature)

Dated: DD/MM/YYYY

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 | Provider derived major speciality | Item category |
|-------------------------------------|--------------------------------------|------------------|-----------------------------|----------------------------|--------------------|-----------------------------------|---------------|
| | 999999A | | 2300 | | N | General Practitioner | 1 |
| 999999A | 999999A | 20/04/09 | 2300 | 2302 | N | Cardiologist | 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 | Net Benefit | Scrambled Prescriber number* | Pharmacy postcode | Form Category |
|----------------|---------------------|---------------|-----------------------|------------------------|----------------------|-------------|------------------------------|-------------------|---------------|
| 06/03/09 | 01/03/09 | 03133 X | Oxazepam Tablet 30 mg | Concessionary Ordinary | \$5.30 | \$25.55 | 9999999 | 2560 | Original |
| 04/07/09 | 28/05/09 | 03161 J | Diazepam Tablet 2 mg | General Ordinary | \$30.85 | | 9999999 | 2530 | Repeat |

| ATC Code | ATC Name | Prescriber derived major speciality |
|------------|----------|-------------------------------------|
| N05 B A 04 | Oxazepam | General Practitioner |
| N05 B A 01 | Diazepam | Psychiatrist |

* 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.