



43733

Study ID

Study ID grid: 10 empty boxes

Consent Form 2 for release of Medicare and PBS information

PARTICIPANT CONSENT FORM

Consent to release of Medicare and/or Pharmaceutical Benefits Scheme (PBS) claims information for the purposes of the lifepool Project



IMPORTANT INFORMATION

Complete this form to request the release of personal Medicare claims information and/or PBS claims information to lifepool. Any changes to this form must be initialled by the signatory. Incomplete forms may result in the study not being provided with the requested 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

Title: _____

Family name: _____ First given name: _____

Other given name (s): _____

Date of birth: _____ Medicare card number: [][][][][][][][][][][][][][][]
DD/MM/YYYY

Permanent address: _____

Postal address (if different to above): _____

AUTHORISATION

I authorise the Department of Human Services to provide my:

- Medicare claims history OR PBS claims history OR Medicare & PBS claims history

(Please shade the circle that best indicates your wishes)

for the period **June 2008** to **December 2020** to lifepool.

Note: Lifepool can only access data that has been collected as far back as 4 ½ years from the date of request. Your approval signature allows lifepool to make requests for data collected between the period June 2008 to December 2020 but only in 'bundles' of 4½years. For example, in January 2013, lifepool could obtain information collected by the Department of Human Services (Medicare and/or PBS) between July 2008 & January 2013. In January 2014, lifepool could request information collected about you by Medicare and PBS between July 2009 and January 2014

DECLARATION

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

Signed: _____

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	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	03133X	Oxazepam Tablet 30 mg	Concessional Ordinary	\$5.30	\$25.55	9999999	2560	Original
04/07/09	28/05/09	03161J	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.