

PARTICIPANT CONSENT FORM

Consent to release of Medicare and/or Pharmaceutical Benefits Scheme (PBS) claims information for the purposes of **Australian Surgical Antibiotic Prophylaxis (ASAP)** 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 personal Medicare claims information and/or PBS claims information to **Australian Surgical Antibiotic Prophylaxis (ASAP)** 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.

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. 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

4. I authorise the Department of Human Services to provide my:



Medicare & PBS claims history

for the period* 1/7/2017 to 30/5/2022 to the **Australian Surgical Antibiotic Prophylaxis (ASAP)** Study.

*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: _____ (participant's signature) Dated: DD/MM/YYYY OR

6. Signed by _____ (full name) _____ (signature) on behalf of participant

Dated: DD/MM/YYYY

APP 5 – 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 for the assessment and administration of payments and services.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy at humanservices.gov.au/

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		Bulk Bill

Hospital indicator	Item category
N	1
N	2

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

Date of supply	PBS item code	Item description	Patient category	Patient contribution (this includes under copayment amounts**)	Net Benefit (this includes under copayment amounts**)	ATC Code	ATC Name
06/03/09	03133X	Oxazepam Tablet 30 mg	Concessional Ordinary	\$5.30	\$25.55	N05 B A 04	Oxazepam
04/07/09	03161J	Diazepam Tablet 2 mg	General Ordinary	\$30.85		N05 B A 01	Diazepam

** Under co-payments can now be provided for data after 1 June 2012