

PARTICIPANT CONSENT FORM

Consent to release of my Medicare Benefits Schedule (MBS) and/or Pharmaceutical Benefits Scheme (PBS) claims by Services Australia to the LISTEN Study - Low Intensity mental health Support via a Telehealth Enabled Network for adults with diabetes and CVD: Effectiveness and scalability.

Important Information (This form is only to be used for participants over 14 years of age)
Complete this form to request the release of your personal Medicare claims information and/or your PBS claims to the LISTEN 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.

Rights and Privacy (please tick all relevant boxes to indicate fully informed consent):
I understand that:
 my MBS and/or PBS will be disclosed by Services Australia for the purposes of the study.
 the results of this research may be published in articles or journals.
 my name will never be disclosed by Services Australia, used in the study or published.
 my participation in the study is completely voluntary.
 I can withdraw my consent to release my Services Australia information to the study at any time (refer to the participant information sheet and withdrawal of consent form) and I do not have to provide a reason.
 the information provided to me about the study, and I have been given the opportunity to ask questions, and any questions I have asked have been answered to my satisfaction.

Consent :
 I consent to the disclosure by Services Australia of my MBS and/or PBS to researchers for the purposes of the study.

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 Services Australia to provide my:

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

For the period* **01 /01 /2022** to: **30 /06 /2026** to the LISTEN Study.
DD / MM / YYYY DD / MM / YYYY
Date range is to be completed prior to or at the time of signing the consent form.
*Note: As Services Australia can only extract 4.5 years of data (prior to the date of extraction), the consent period above may result in multiple extractions.

If in the event that I pass away during the study period, I consent to Services Australia to continue to provide my claims information to the study.

DECLARATION

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

5. Signed: _____ (participant's signature) Dated: ___/___/___ **OR**
DD / MM / YYYY

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

Dated: ___ / ___ / ___

March 2020

Legal guardian** Power of attorney** Guardianship/Administration order**

* Once a young person has turned 14 years old, they must consent to their own information being released

** Please attach supporting evidence (Power of Attorney document (medical or enduring) or legal guardianship/guardianship order documents)
Consent forms will not be processed without the relevant supporting evidence

Power of attorney – 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.

Guardianship/Administration order – 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.

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	Rendering Provider postcode	Hospital indicator	Item category
20/04/09	00023	Level B consultation	\$38.30	\$34.30	\$34.30	\$4.00	2300	N	1
22/06/09	11700	ECG	\$29.50	\$29.50	\$29.50		2300	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 contribution (this includes under copayment amounts**)	Net Benefit (this includes under copayment amounts**)	Pharmacy postcode	Form Category	ATC Code	ATC Name
06/03/09	03133X	Oxazepam Tablet 30 mg	\$5.30	\$25.55	2560	Original	N05 B A 04	Oxazepam
04/07/09	03161J	Diazepam Tablet 2 mg	\$30.85		2530	Repeat	N05 B A 01	Diazepam

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

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy