

General Practitioner Consent Form



MedicineInsight is a national primary health care data program run by the Australian Commission on Safety and Quality in Health Care (the Commission) in partnership with participating general practices across Australia. The Australian Government Department of Health, Disability and Ageing funds MedicineInsight. The MedicineInsight data program has received ethics approval from the Royal Australian College of General Practitioners (RACGP) (Reference Number: 23-171). The Commission is committed to the protection of personal information in accordance with the Privacy Act 1988 (Privacy Act). The Commission manages all personal information in accordance with the Australian Privacy Principles.

You can find more information about:

- The MedicineInsight program from the [GP Information Sheet](#) available from your practice or online by scanning the QR code below
- The Commission by visiting www.safetyandquality.gov.au
- The Commission's privacy policy at www.safetyandquality.gov.au/about-us/governance/privacy-policy

By signing this consent form, you agree to the transfer of your personal information to the MedicineInsight program so the Commission can produce a customised MedicineInsight report that allocates your own patients to the quality use of medicines topic contained in the report. This additional information includes: gender, year of birth or age group, email, address and number of years practicing.

Information collected in this form is also used by the Commission for administrative purposes and for ongoing engagement with you or your general practice. For example to:

- report practice specific information to your practice about clinical comparisons and trends
- report aggregated high-level information to the Australian Government Department of Health, Disability and Ageing about medicine use and prescribing
- undertake general tasks to validate the data, systems and process flows associated with the program.

The Commission will only use or disclose your personal information for the purpose for which you have provided consent and will not use or disclose it for any other purpose without your consent.

- ▶ I agree to the MedicineInsight program collecting my identifiable personal information as described above.

▶ First name and surname:

▶ Email address:

▶ Practice name:

▶ Prescriber no.:

Provider no.:

▶ RACGP/ACRRM no.:

▶ Signature:

Date:

Please email the completed form to MedicineInsight@safetyandquality.gov.au

General practitioners can request to withdraw from receiving custom MedicineInsight reports at any time, and without reason, by submitting a written notice via the email above. The decision to withdraw will not preclude a general practitioner from accessing aggregate MedicineInsight reports that are made available to the practice as a result of their participation in the data collection.



For more information scan the QR code or visit
safetyandquality.gov.au/MedicineInsight

safetyandquality.gov.au