MedicineInsight

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 and Aged Care 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 Medicinelnsight program so the Commission can produce a customised Medicinelnsight 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.

In agreeing to provide this information, you also acknowledge that in the regular (aggregated) MedicineInsight report the Commission provides to your practice, your individual prescribing and clinical activity data will be identifiable. These custom MedicineInsight reports are viewable by any healthcare professional in your practice including the Practice Manager.

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 and Aged Care 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.

| Given name | |
|--------------------|--|
| Surname | |
| Email address | |
| Prescriber number | |
| Provider number | |
| RACGP/ACRRM number | |

Signature:

Date:

Please email the completed form to **medicineinsight@safetyandquality.gov.au** Scan the QR code for more information.

