CONSENT TO SHARE DE-IDENTIFIED INFORMATION

**Medicare Urgent Care Clinics** are a public health initiative being funded by the Australian Government and State and Territory Governments.

This Clinic will collect some personal information (about you, your child, or other person that you are responsible for) when providing medical services.

**Personal information** is information that identifies you, like your name and address. The Clinic will collect your name, age, address, Medicare number, Indigenous status, information about your health, and about the services provided to you (like the type of treatment provided and treatment time).

**De-identified information** is information about people, but the identity of the people is not known and their identity cannot be found out.

It is very important for the community to find out whether Medicare Urgent Care Clinics are working to provide Australians with access to timely and affordable healthcare services (especially after hours) and whether it helps to reduce demand on emergency departments.

**If you agree -** the Clinic will provide **de-identified information** about the services provided to you to the Australian Government Department of Health and Aged Care. The Clinic’s records system **will remove your name, date of birth, address and Medicare number** before sending the information using a secure data collection service (provided by a third party contracted by the Department).

The Department will keep the de-identified information separate from other Medicare information, and only use it to:

* monitor the impact of the Initiative and inform service improvement;
* prepare statistics and reports;
* inform and evaluate government policies and programs;
* inform service planning; and
* undertake research and development.

The Department will always comply with relevant privacy laws.

The Department may also provide de-identified information to other bodies, such as State and Territory governments, Primary Health Networks and the Australian Institute of Health and Welfare (AIHW), so that they can undertake their important roles in planning health services where you live and analysing how the health system is working.

AIHW and State and Territory governments may combine the de‑identified information provided with other data they hold, but only if this is allowed under privacy and other laws. Your de-identified information may be combined using unique codes created in the Clinic. These codes enable information about you from different data sources to be combined without individually identifying you. These bodies will make sure that you cannot be individually identified in any research findings, reports or other outputs from their work.

**You do not have to agree to this sharing**. You will still receive services from the Clinic even if you
say no. If you change your mind, you can tell the Clinic to stop sending de‑identified information (but it will not be possible to stop using any de-identified information that has already been shared).

**Further details about how information** is handled as part of Medicare Urgent Care Clinic Program, including how you can make any privacy enquiry or complaint, can be found in the Medicare UCC Privacy Notice, available at <https://www.health.gov.au/using-our-websites/website-privacy-policy/privacy-notice-for-medicare-urgent-care-clinics>, or you can ask this Clinic for a copy.

**Agreement**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Patient*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Parent or Guardian (if relevant)*
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Patient/Parent/Guardian*

*Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] I agree to de-identified information being provided to the Department for the purposes set out in this Form.

[ ] I do not agree to de-identified information being provided to the Department for the purposes set out in this Form.