

Participant ID: _____

PATIENT CONSENT FORM

TITLE: Quality in General Practice - trial of a funding model in primary care.

INVESTIGATORS

| | | |
|---|--|--|
| Prof Andrew Bonney | A/Prof Jan Radford | Prof Grant Russell |
| Graduate School of Medicine, University of Wollongong | School of Medicine, University of Tasmania | School of Primary Health Care, Monash University |
| Email: abonney@uow.edu.au | Email: J.Radford@utas.edu.au | Email: grant.russell@monash.edu |
| Telephone: (02) 4221 5819 | Telephone: 0419885285 | Telephone: (02) 4221 3712 |

I have been given information about the research project *Quality in General Practice- trial of a funding model in primary care* and have read and understood this information.

I have been advised of any possible risks or burdens associated with this research and have had the opportunity to ask the investigators any questions I may have about the research and my participation.

I understand my participation and the participation of my child is voluntary, I am free to refuse to participate and I am free to withdraw from the research at any time up to the point where the data is analysed. If I decline to participate or withdraw consent I understand my relationship with the general practice I attend will not be affected. Nor will my relationships with the University of Wollongong, Monash University or the University of Tasmania.

I understand that if I choose to participate in this study, I will be asked to:

- Allow my general practice to provide data relating to the medical conditions I have, access to and length of medical consultations, number of prescriptions provided, pathology and radiology orders received, number of hospitalisations, referrals and mortality.
- Give permission to access my linked health data between the dates 01 May 2017 and 01 May 2024. This time period covers 12 months before the trial, 12 months during the trial and five years following the conclusion of the trial. Please note this is optional – you can still take part in the trial and choose not to have your linked data included (choose the ‘opt out’ option in the consent section below).

- Complete a survey, at the beginning and again at the end of the study either over the phone via post or online (please tick your preference).

I understand that data will be held securely for five years after the study is finalised and then destroyed.

Any data that the researcher use in reports or presentations will not, under any circumstances, contain names or identifying characteristics. Any information provided is confidential, and no information that

could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party.

By signing below I am indicating my consent to participate in the research study.

Signed: _____ Date: _____

First name: _____ Last name: _____

Male / Female (please circle one) Date of Birth: __ / __ / ____

Address street number and name (e.g. 5 Smith St): _____

Suburb: _____ Postcode: _____ State: _____

Phone Number: _____ Email: _____

Name of general practice you attend: _____

Did you receive this form (please tick one):

In the post From your GP From another staff member

Consent to linking health information

I consent to:

- The linking of my health information with the NSW Ministry of Health records for hospital and emergency departments and death registries.
- The researchers affiliated with the project using my linked health information for the purposes of the project in a manner that does not disclose my identity.

OR

I choose to **opt out** of the linking of my health information as described above. I understand this opt out does not impact on my participation in the project.

| | |
|------------------------------------|------------|
| Name of Participant (please print) | |
| Signature _____ | Date _____ |

Please return your completed consent form to the research team in the pre-paid envelope provided.