**Attachment I**

**PRACTICE CONSENT FORM**

**Study Title:** **C**linical and **H**ealthcare **I**mprovement through **M**y Health Record usage and **E**ducation in **G**eneral **P**ractice – The CHIME-GP Study

**INVESTIGATORS**

|  |  |
| --- | --- |
| Prof Andrew Bonney | Graduate Medicine, University of Wollongong, 2533 |
| [abonney@uow.edu.au](mailto:abonney@uow.edu.au) (02) 4221 5819 |
| A/Prof Judy Mullan | Graduate Medicine, University of Wollongong, 2522 |
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| Clin A/Prof Stephen Barnett | Medcast Pty Ltd, 92 Pitt Street, Sydney NSW 2000 |
| stephen@medcast.com.au 0418 741 973 |

I have been given information about the research project **C**linical and **H**ealthcare **I**mprovement through **M**y Health Record usage and **E**ducation in **G**eneral **P**ractice – The CHIME-GP Study - and have been provided the opportunity to discuss the research withthe investigators who are conducting this research.

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

I understand participation of my practice is voluntary, we are free to refuse to participate and we are free to withdraw from the research at any time. Our refusal to participate or withdraw consent will not affect my relationship with the researchers, the University of Wollongong or Medcast.

I understand that any data that the researchers extract for the study for use in reports 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 or practice will be disclosed in any reports on the project, or to any other party.

By agreeing to be part of this study, we consent to:

1. PenCS extracting de-identified patient demographic and clinical data (to the extent that the University requires for use in the study as outlined in the Participant Information Sheet) via PenCS’ CAT Plus – CAT 4; and
2. This data being used for the purposes of the study, including by the University and its research collaborators.

I understand the research data will be stored securely by the University.

**By signing below I am indicating the consent of my practice to participate in the research.**

Signed for and on behalf of practice by its duly authorised representative(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and role of signatory (e.g. Practice Manager/Practice Principal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of signatory witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice ABN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAT4 Username: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of GPs working in the practice (including GP Registrars):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return your Practice Consent Form and all Consent Forms for participating GPs in a bundle to the Research Officer, General Practice Academic Unit and Illawarra and Southern Practice Research Network (ISPRN), by:**

Fax: 02 4221 4341 or

Scan and email: [isprn-mailbox@uow.edu.au](mailto:isprn-mailbox@uow.edu.au) or

Post: Research Officer General Practice Academic Unit

School of Medicine

Building 28

University of Wollongong

Northfields Ave

Wollongong, 2522 or

Upload: to CHIME-GP project on the PenCS Consent Portal accessed through your practice PenCS software