

Practice Incentives Program Indigenous Health Incentive and Pharmaceutical Benefits Scheme Co-payment Measure patient registration and consent (IP017)

When to use this form

Complete this form to register eligible patients with your practice for the Practice Incentives Program (PIP) Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme (PBS) Co-payment Measure.

Important information

Health Professional Online Services (HPOS) provides secure and convenient online services for health professionals and administrators.

Using your Provider Digital Access (PRODA) account details, you can register and withdraw patients and update your practice details through HPOS. Changes you make through HPOS are effective immediately.

To register for a PRODA account or to find out more about HPOS, go to servicesaustralia.gov.au/hpos

If you are unable to register using HPOS, you can complete this form and fax it to us for manual processing.

For more information

Go to servicesaustralia.gov.au/pip

If you need assistance completing this form, call **1800 222 032** Monday to Friday, 8.30 am to 5pm, Australian Central Standard Time.

Call charges may apply.

or

email pip@servicesaustralia.gov.au

There may be risks with sending personal information through unsecured networks or email channels.

Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Practice details

1 Practice ID

2 Practice name

3 Australian Business Number (ABN)

4 Full practice address – **main** practice address

The practice address should be the practice location that provides the highest number of services per year.

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb/Town

State Postcode

Patient registration requirements

5 Has the patient been registered for the PIP Indigenous Health Incentive through PIP Online?

If you register the patient through PIP Online, the **Patient consent** must be completed and retained at the practice. Practices should only send this form to Services Australia if you are not registering the patient through PIP Online.

- No All questions in this form must be completed.
Yes The **Patient consent** must be completed and retained at the practice.

6 Does the patient have a chronic disease?

- No The patient is at risk of a chronic disease and can **only** be registered for the PBS Co-payment Measure.
Yes The patient can be registered for the PIP Indigenous Health Incentive and PBS Co-payment Measure.

Annual re-registration for the PBS Co-payment Measure is not required. However, the patient must be re-registered annually for the PIP Indigenous Health Incentive.

7 Has the patient had, or been offered, the appropriate health assessment for Aboriginal and Torres Strait Islander peoples?

No The patient cannot be registered for the PIP Indigenous Health Incentive but may be eligible for the PBS Co-payment Measure.

Yes The patient can be registered for the PIP Indigenous Health Incentive and the PBS Co-payment Measure.

If the patient is under 15 years of age, they are not eligible to be registered for the PIP Indigenous Health Incentive but may be eligible for the PBS Co-payment Measure. Eligible patients will be registered for the PBS Co-payment Measure.

Patient details

8 Medicare card number

-- Ref no.

9 Patient's name

Complete the following question using the patient's details registered with Medicare.

Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

10 Date of birth

11 Gender

Male

Female

12 Is the patient of Aboriginal or Torres Strait Islander Australian descent?

If the patient is of both Aboriginal and Torres Strait Islander Australian descent, tick both 'Yes' boxes.

No The patient cannot be registered for the PIP Indigenous Health Incentive or the PBS Co-payment Measure.

Yes – Aboriginal
Australian

Yes – Torres Strait Islander
Australian

Patient consent

The patient must complete the following questions and sign the Patient declaration.

13 I want the practice written on this form to be my usual care provider and look after my chronic disease **and/or** chronic disease risk factor.

No You cannot be registered for the PIP Indigenous Health Incentive at this practice.

Yes

14 I have been told how participation in the PIP Indigenous Health Incentive will help my practice provide better care for my chronic disease. I understand what I have been told and want this practice to register me for this program.

No You cannot be registered for the PIP Indigenous Health Incentive at this practice.

Yes

15 I have been told how participation in the PBS Co-payment Measure will make my PBS medicines cheaper. I understand what I have been told and I want this practice to register me for this program.

No You cannot be registered for the PBS Co-payment Measure at this practice.

Yes

Privacy notice

16 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of the Practice Incentives Program (PIP). Your personal information will be disclosed to the Australian Government Department of Health to enable that department to administer aspects of PIP, including for program compliance purposes, for statistical and research purposes and to inform policy development. Your personal information may be used by Services Australia, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations). You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy, at servicesaustralia.gov.au/privacy

Patient declaration

17 I acknowledge and consent that:

- my personal details I have provided in this form will be shared between this practice, Services Australia and the Australian Government Department of Health for the purposes of the Practice Incentives Program Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme Co-payment Measure.

I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- general participation information will be used to see how well the program is working and help improve services for Aboriginal and Torres Strait Islander peoples.
- I can withdraw my consent to participate in the Practice Incentives Program Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme Co-payment Measure at any time.
- giving false or misleading information is a serious offence.

Patient or parent/guardian's full name

Patient or parent/guardian's signature

Date

Practice declaration

This form must be signed by the general practitioner responsible for the care of the patient and the practice's authorised contact person.

The authorised contact person must be registered on the practice profile in the Practice Incentives Program.

18 I/We agree to:

- advise Services Australia of any changes to practice arrangements **at least 7 days** before the relevant point-in-time date.

I/We declare that:

- the practice will adhere to the eligibility requirements for the Practice Incentives Program Indigenous Health Incentive as set out in the guidelines.
- the patient has been fully informed of the Practice Incentives Program Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme Co-payment Measure.
- the information I/we have provided in this form is complete and correct.

I/We understand that:

- if Services Australia is not informed of any changes to practice arrangements, incentive payments may be reduced or recovered and the practice's eligibility for the Practice Incentives Program may be affected.
- the Australian Government Department of Health may conduct program audits of a practice's compliance with the Practice Incentives Program eligibility requirements.

- the practice is required to retain practice documentation for a period of 6 years.
- I/we may be required to provide information to the Australian Government Department of Health as evidence of the practice's compliance with the Practice Incentives Program Indigenous Health Incentive payments.
- if I/we cannot provide information, as requested by the Australian Government Department of Health, to enable the Australian Government Department of Health to establish the practice's compliance with the Practice Incentives Program Indigenous Health Incentive, I/we acknowledge that past Practice Incentives Program payments may be recovered and that future payments may be suspended or ceased.
- giving false or misleading information is a serious offence.

General practitioner's full name

General practitioner's signature

Date

Authorised contact person's full name

Authorised contact person's signature

Date

Returning this form

Check that all required questions are answered and that the form is signed and dated.

Fax the completed form to **1300 587 696** for manual processing.