Consent to Participate for General Practices

<table>
<tr><td colspan="2">Practice name/stamp:</td></tr>
<tr><td colspan="2">Name of Authorised Person, Practice Principal/Medical Director/CEO (1):</td></tr>
<tr><td>Signed:</td><td>Date:</td></tr>
<tr><td colspan="2">Name of Practice Principal (2):</td></tr>
<tr><td>Signed:</td><td>Date:</td></tr>
<tr><td colspan="2">Name of Practice Principal (3):</td></tr>
<tr><td>Signed:</td><td>Date:</td></tr>
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Consent Options (Please circle as appropriate)

a. I **do / do not** (circle appropriate term) agree for data from my practice to be accessed by commercial entities. *Note: Only de-identified and anonymised information shall ever be released i.e. practice and provider information shall not be released.*

b. I **do / do not** (circle appropriate term) agree for data from my practice to be utilised by researchers undertaking research funded or partially funded by commercial entities. *Note: Only de-identified and anonymised information shall ever be released as part of research findings.*

c. I **do / do not** (circle as appropriate) agree for my practice to be named