



THE UNIVERSITY OF
MELBOURNE

Faculty of Medicine,
Dentistry & Health
Sciences

Consent to Participate for General Practices


Data for Decisions and the Patron Program of Research

Researchers: Prof Jane Gunn, Prof Jon Emery, A/Prof Douglas Boyle, Dr Jo-Anne Manski-Nankervis, Prof Jane Hocking, A/Prof Lena Sancic

1. I consent to this practice participating in the Patron program of research, the details of which have been explained to me.
2. I have read the Information Statement for General Practices provided to me and a written copy has been provided to me to keep. I have had the opportunity to ask questions and discuss the study and have received adequate information to inform my decision for the practice to participate.
3. I understand that commercial entities may apply to access Patron data or may provide funding to researchers to undertake research. A condition of the latter is that researchers retain the right to publish research findings regardless of the outcome of the study.
 - 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.
4. I acknowledge that:
 - The practice is free to withdraw from the Patron program of work at any time without explanation or prejudice. An annual newsletter shall be distributed to practices to ensure on-going knowledge in relation to the programme. Non-identifiable clinical information extracted from the practices clinical software program prior to receiving a notification of intent to withdraw from the program of work will be retained by Patron.
 - The program of work is for the purpose of teaching and research.
 - I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements.

For further information please contact

 Patron
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 vicren-enquiries@unimelb.edu.au

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Practice name/stamp:	
Name of Practice Principal/Medical Director/CEO (1):	
Signed:	Date:
Name of Practice Principal (2):	
Signed:	Date:
Name of Practice Principal (3):	
Signed:	Date:

