



Faculty of Medicine,
Dentistry & Health
Sciences

Consent for General Practices to be named

Data for Decisions and the Patron Program of Research

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

1. I have previously read information about *Data for Decisions* and the Patron program of research and I have previously consented for this practice to participate.
2. I understand that this Consent Form is in addition to the Consent Form previously signed and that I need only sign and return this form if I want this practice be named on the *Data for Decisions* website as a partner in the *Data for Decisions* research initiative - www.gp.unimelb.edu.au/datafordecisions.
3. I **agree** for this practice to be named on the *Data for Decisions* website as a partner in the *Data for Decisions* research initiative and therefore publicly acknowledged as contributing de-identified data to the Patron primary care data repository.
4. I understand that:
 - a. researchers who access de-identified information do not know the name or location of the practice from which the data originated. By agreeing to name this practice on the *Data for Decisions* website, this could increase the identifiability of this practice to researchers.
 - b. by naming the practice on the *Data for Decisions* website, the public transparency of the *Data for Decisions* research initiative is increased and there is potential that some members of the public will seek more information about the research program and this practice's participation in the research program.
 - c. I can change this preference at any time by contacting the researchers and requesting that the name of this practice be removed from the website.

For further information please contact

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The University of Melbourne
200 Berkeley Street
Carlton Victoria 3053

📞 03 8344 3392

📠 03 9347 6136

✉ vicren-enquiries@unimelb.edu.au

➡ gp.unimelb.edu.au/datafordecisions

Practice name:

(To be shown on the website)

Name of Authorised Person, Practice Principal/Medical Director/CEO (1):

Signed:

Date:

Name of Practice Principal (2):

Signed:

Date:

Name of Practice Principal (3):

Signed:

Date: