




Consent to name General Practice

Data for Decisions and the Patron Program of Research

Researchers: Prof Lena Sanci, Prof Jane Hocking, Prof Dougie Boyle, A/Prof Kylie Vuong

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, it does not supersede the previous form and I should only sign and return this form if I want this practice to 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 have had the opportunity to ask questions and I have been given adequate information to inform my decision for this practice to be named on the *Data for Decisions* website.
4. I agree for this practice to be named as a partner on the *Data for Decisions* website and therefore publicly acknowledged as contributing de-identified data to the Patron primary care data repository.
5. I understand that:
 - 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;
 - 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;
 - 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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General Practice and Primary Care
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Parkville Victoria 3010

 03 8344 3392

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 gp.unimelb.edu.au/datafordecisions

Scan the QR
code for more
information



Practice details for website:
(Practice name, address, and URL
may be included)

Name of Authorised Person (1): _____ Name of Authorised Person (2): _____

Position: _____ Position: _____

Signed: _____ Signed: _____

Date: _____ Date: _____