Consent to name General Practice

Data for Decisions and the Patron Program of Research

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

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 that 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 opportunity to ask questions and I have been given adequate information to inform my decision for this practice to be named on the 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:
   a. 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;
   b. 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;
   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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Carlton Victoria 3053

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03 9347 6136
vic-ren-enquiries@unimelb.edu.au
gp.unimelb.edu.au/datafordecisions

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

Name of Authorised Person (1):
Position:
Signed:
Date:

(optional) Name of Authorised Person (2):
Position:
Signed:
Date: