

Practice Incentives Program Indigenous Health Incentive and Pharmaceutical Benefits Scheme Co-Payment Measure Multiple Patient Registration and Consent

When to use this form

Complete this form if you are a practice or Indigenous health service participating in the Practice Incentives Program (PIP) Indigenous Health Incentive and would like to register eligible Aboriginal and/or Torres Strait Islander patients for the Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme (PBS) Co-payment Measure.

For more information about the PIP Indigenous Health Incentive, cultural awareness training, health checks and a definition of a 'usual practice' and 'chronic disease', refer to the PIP Indigenous Health Incentive Guidelines at humanservices.gov.au > **For Health Professionals > Incentives and Allowances > Practice Incentives Program > Forms and guidelines**

Registration

To be registered for the PIP Indigenous Health Incentive, the patient must:

- identify as being of Aboriginal and/or Torres Strait Islander origin
- be 15 years of age or over
- have a chronic disease
- have a current Medicare card
- have had or been offered, the appropriate health check for Aboriginal and Torres Strait Islanders
- provide consent that the practice is to be the patient's usual care provider and look after their chronic disease.

To be eligible for the PBS Co-payment Measure, the patient must:

- identify as being of Aboriginal and/or Torres Strait Islander origin
- be of any age
- present with an existing chronic disease or chronic disease risk factor
- in the opinion of the doctor, be likely to experience setbacks in the prevention or ongoing management of chronic disease if they did not take the prescribed medicine
- be unlikely to adhere to their medicines regimen without assistance through this measure.

For more information

For more information about the PIP go to our website at humanservices.gov.au > **For Health Professionals > Incentives and Allowances > Practice Incentives Program** or email pip@humanservices.gov.au or call **1800 222 032** Monday to Friday, between 8.30 am and 5.00 pm, Australian Central Standard Time.

Note: Call charges apply from mobile phones.

Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or X

Register patients online

Online: humanservices.gov.au/healthprofessionals and use your PKI to access HPOS

Returning your form(s)

Send the completed form to:

**Department of Human Services Practice Incentives Program
GPO Box 2572
ADELAIDE SA 5001**

or

Fax: **1300 587 696**

PIP Online

If you register the patient via PIP Online, the patient consent must be completed and retained at the practice.

Practices should only send this form to the Australian Government Department of Human Services if not registering the patient online.

1 Have you registered the patient for the Indigenous Health Incentive via PIP Online?

No *All parts of the form must be completed.*

Yes *The **Patient consent** must be completed and retained at the practice.*

Practice details

2 Practice ID number

3 Practice name

4 Address

State Postcode

Patient registration requirements

5 Do the patients have a chronic disease?

No *The patient is at risk of a chronic disease and can only be registered for the PBS Co-payment Measure.*

Yes *The patients can be registered for the Indigenous Health Incentive and PBS Co-payment Measure.*

Note: Annual re-registration for the PBS Co-payment Measure is not required, however patient must be re-registered annually for the PIP Indigenous Health Incentive.

6 Have the patients had, or been offered, the appropriate health check for Aboriginal and Torres Strait Islander Australians?

No *The patients cannot be registered for the Indigenous Health Incentive, but may be eligible for the PBS Co-payment Measure.*

Yes *The patients can be registered for the Indigenous Health Incentive and PBS Co-payment Measure.*

Note: If the patient is under 15 years they are not eligible to be registered for the Indigenous Health Incentive, but may be eligible for the PBS Co-payment Measure.

Practice declaration

7 I/we agree to:

- advise the Department of Human Services, in writing of any changes to practice arrangements by the relevant 'point in time' date or **within 14 calendar days**, which ever date is earliest.

I/we understand that:

- if this is not done, incentive payments may be reduced or recovered and the practice's eligibility for the Practice Incentive Program may be affected.

I/we declare that:

- the patients have been fully informed of the Practice Incentive Program Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme Co-payment Measure
- the information provided in this form is complete and correct.

General Practitioner's full name

General Practitioner's signature

Date

Authorised contact's full name

Authorised contact's signature

Date

Patient's family name (as per Medicare card)	Patient's first given name (as per Medicare card)	Patient's sex		Patient's date of birth	Patient's Medicare card number	When did the patient sign the consent form	Register the patient for the PIP Indigenous Health Incentive <i>(for patients with a chronic disease)</i>	Register the patient for the PBS Co-payment Measure <i>(for patients at risk of chronic disease)</i>
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		<input type="checkbox"/>	<input type="checkbox"/>	/ /	- - Ref no.	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Patient consent

Note: Every patient included in the table on page 3 must complete the patient consent part of this form. Copy this page for each patient to complete.

8 Is the patient of Aboriginal or Torres Strait Islander origin?

If both Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes.

No *You can not be registered for the Indigenous Health Incentive or the PBS Co-payment Measure.*

Yes – Aboriginal

Yes – Torres Strait Islander

9 I want the practice written on this form to be my usual care provider and look after my chronic disease.

No *You can not be registered for the Indigenous Health Incentive at this practice.*

Yes

10 I have been told how participation in the PIP Indigenous Health Incentive will help my practice provide better care for my chronic disease. I understand what I have been told, and want this practice to register me for this program.

No *You can not be registered for the Indigenous Health Incentive at this practice.*

Yes

11 I have been told how participation in the PBS Co-payment Measure will make my PBS medicines cheaper. I understand what I have been told, and I want this practice to register me for this program.

No *You can not be registered for the PBS Co-payment Measure at this practice.*

Yes

Patient declaration

12 I acknowledge and consent that:

- my personal details on this form will be shared between this practice, the Department of Human Services and the Department of Health and Ageing for the purposes of the Practice Incentive Program Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme Co-payment Measure.

I understand that:

- general participation information (which is not linked to my name or other personal details) will be used to see how well the program is working and help improve services for Aboriginal and Torres Strait Islander people, and
- I can withdraw my consent to participate in the Practice Incentive Program Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme Co-payment Measure at any time.

I declare that:

- the information provided in this form is complete and correct.

Patient or parent/guardian's full name

Patient or parent/guardian's signature



Date

Privacy notice

Centrelink, Medicare, Child Support and CRS Australia are services within the Australian Government Department of Human Services (Human Services).

Your personal information is protected by law, including the *Privacy Act 1988*. Your information is collected for Social Security, Family Assistance, Medicare, Child Support and CRS purposes. This information may be required by the powers provided within each services' legislation or voluntarily given by you when you apply for services or payments.

Your information will be used for the assessment and administration of payments and services. Your information may also be used within Human Services, where you have provided consent or it is required or authorised by law. Human Services may disclose your information to Commonwealth departments, other persons, bodies or agencies ONLY where you have provided consent or it is required or authorised by law.

You can get more information about privacy by going to our website humanservices.gov.au/privacy or requesting a copy of the full privacy policy at one of our Service Centres.