

Practice Incentives Program Indigenous Health Incentive patient registration and consent (IP017)

When to use this form

Complete this form to register eligible patients with your practice for the Practice Incentives Program (PIP) Indigenous Health Incentive. For patients under 15, this form must be completed by a parent or guardian.

Important information

Health Professional Online Services (HPOS) provides secure and convenient online services for health professionals and administrators.

Using your Provider Digital Access (PRODA) account details, you can register and withdraw patients and update your practice details through HPOS. Most changes you make through HPOS are effective immediately.

To register for a PRODA account or to find out more about HPOS, go to servicesaustralia.gov.au/hpos

If you are unable to register using HPOS, you can complete this form and fax it to us for manual processing.

For more information

Go to servicesaustralia.gov.au/pip or email pip@servicesaustralia.gov.au

There may be risks with sending personal information through unsecured networks or email channels.

If you need assistance completing this form, call **1800 222 032** Monday to Friday, 8.30 am to 5 pm, Australian Central Standard Time.

Call charges may apply.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.

Practice details

1 Practice ID

2 Practice name

3 Australian Business Number (ABN)

4 Full practice address – **main** practice address

The practice address should be the practice location that provides the highest number of services per year.

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb/Town

State Postcode

Patient registration requirements

5 Has the patient been registered for the PIP Indigenous Health Incentive through PIP Online?

If you register the patient through PIP Online, the **Patient consent** and **Patient declaration** sections of this form must be completed and retained at the practice.

Practices should only send this form to Services Australia if you are not registering the patient through PIP Online.

No All questions in this form must be completed.

Yes The **Patient consent** and **Patient declaration** sections of this form must be completed and retained at the practice. **Go to 13**

6 Does the patient have a chronic disease or mental disorder?

No The patient **cannot** be registered for the PIP Indigenous Health Incentive.

Yes

7 Has the patient had, or been offered, the appropriate health assessment for Aboriginal and Torres Strait Islander peoples?

No The patient **cannot** be registered for the PIP Indigenous Health Incentive.

Yes

The patient must be re-registered annually for the PIP Indigenous Health Incentive.

Patient details

8 Medicare card number

Ref no.

9 Patient's name

Complete the following question using the patient's details registered with Medicare.

Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

10 Date of birth (DD MM YYYY)

11 Gender

Male

Female

12 Is the patient of Aboriginal and/or Torres Strait Islander Australian descent?

If the patient is of both Aboriginal and Torres Strait Islander Australian descent, tick both 'Yes' boxes.

No The patient cannot be registered for the PIP Indigenous Health Incentive.

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

Privacy notice

13 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of the Practice Incentives Program (PIP).

Your personal information will be disclosed to the Australian Government Department of Health and Aged Care to enable that department to administer aspects of PIP, including for program compliance purposes, for statistical and research purposes and to inform policy development.

Your personal information may be used by Services Australia, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy, at servicesaustralia.gov.au/privacy

Patient consent and declaration

The patient or parent/guardian must complete the following question and sign the Patient declaration.

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

No You **cannot** be registered for the PIP Indigenous Health Incentive at this practice.

Yes

15 I acknowledge and consent that:

- my personal details I have provided in this form will be shared between this practice, Services Australia and the Australian Government Department of Health and Aged Care for the purposes of the Practice Incentives Program Indigenous Health Incentive.

I declare that:

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

I understand that:

- general participation information will be used to see how well the program is working and help improve services for Aboriginal and Torres Strait Islander peoples.
- I can withdraw my consent to participate in the Practice Incentives Program Indigenous Health Incentive.
- giving false or misleading information is a serious offence.

Patient

Parent Guardian

Patient or parent/guardian's full name

Patient or parent/guardian's signature

Date (DD MM YYYY)

Practice declaration

This form must be signed by the general practitioner responsible for the care of the patient and the practice's authorised contact person.

The authorised contact person must be registered on the practice profile in the Practice Incentives Program.

16 I/We agree to:

- advise Services Australia of any changes to practice arrangements **at least 7 days** before the relevant point-in-time date.

I/We declare that:

- the practice will adhere to the eligibility requirements for the Practice Incentives Program Indigenous Health Incentive as set out in the guidelines.
- the patient has been fully informed of the Practice Incentives Program Indigenous Health Incentive.
- the information I/we have provided in this form is complete and correct.

I/We understand that:

- if Services Australia is not informed of any changes to practice arrangements, incentive payments may be reduced or recovered and the practice's eligibility for the Practice Incentives Program may be affected.
- the Australian Government Department of Health and Aged Care may conduct program audits of a practice's compliance with the Practice Incentives Program eligibility requirements.
- the practice is required to retain practice documentation for a period of 6 years.
- I/we may be required to provide information to the Australian Government Department of Health and Aged Care as evidence of the practice's compliance with the Practice Incentives Program Indigenous Health Incentive payments.
- if I/we cannot provide information, as requested by the Australian Government Department of Health and Aged Care, to enable the Australian Government Department of Health and Aged Care to establish the practice's compliance with the Practice Incentives Program Indigenous Health Incentive, I/we acknowledge that past Practice Incentives Program payments may be recovered and that future payments may be suspended or ceased.
- giving false or misleading information is a serious offence.

General practitioner's full name

General practitioner's signature

Date (DD MM YYYY)

Authorised contact person's full name

Authorised contact person's signature

Date (DD MM YYYY)

Returning this form

Return the completed form and supporting documents by fax to **1300 587 696**.