



# Practice Incentives Program Indigenous Health Incentive patient withdrawal of consent (IP029)

## When to use this form

Use this form to withdraw your consent to participate in the Practice Incentives Program (PIP) Indigenous Health Incentive. For patients under 15, this form must be completed by a parent or guardian.

## For more information

Go to [servicessaustralia.gov.au/pip](https://servicessaustralia.gov.au/pip)

If you need help to complete this form, call **1800 222 032** Monday to Friday, 8:30 am to 5 pm, Australian Central Standard Time.

**Filling in this form**

You can fill and sign 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 sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

## Patient details

**1** Medicare card number

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Ref no.

**2** Family name

First given name

**3** Date of birth (DD MM YYYY)

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## Privacy notice

**4** 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 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 [servicessaustralia.gov.au/privacypolicy](https://servicessaustralia.gov.au/privacypolicy)

## Patient's declaration

- 5 I acknowledge that:**
- by completing this form I am withdrawing my consent to participate in the Practice Incentives Program Indigenous Health Incentive.
  - my consent will be removed for all PIP practices that I have provided consent to.
- I declare that:**
- the information I have provided in this form is complete and correct.
- I understand that:**
- I can register for the PIP IHI in the future as long as I meet the eligibility requirements.
  - giving false or misleading information is a serious offence.

Patient   
 Parent     Guardian

Patient, parent or guardian's full name

Patient, parent or guardian's signature

Parent can only sign if the patient is under 15.

Date (DD MM YYYY)

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**Returning this form**

Return the completed form online, upload through Health Professional Online Services (HPOS) at [servicessaustralia.gov.au/hpos](https://servicessaustralia.gov.au/hpos) at least 7 days before the relevant point-in-time date or fax the completed form to **1300 587 696**.