Lumos Consent form

PRACTICE DETAILS			
Practice Name			
Address			
		Post Code:	
Does this practice share a database with any other practice?			Yes / No
Is this practice an Aboriginal Medical Service?			Yes / No
Are the technical requirements met, as per the information pack?			Yes / No
NOMINATED PRIMARY CONTACT PERSON			
Full Name			
Position			
Contact Number			
E-mail			

I have read the information provided about this project and have been able to resolve any questions or requests for further information.

I authorise:
ABHIJEET GHOSH
Manager, Population Health Planning and Information
COORDINARE – South Eastern NSW PHN
to:

1. act as data custodian for General Practice Patient Electronic Health Record data used in the Lumos program, as a mechanism to streamline the processes for routine updates to the ethical approval of the Lumos Program; and
2. access the above premises and its technology infrastructure to update software for this project.

I confirm agreement of all current general practitioners at this practice (Page(s) attached for individual practitioners to sign if required)

On behalf of the general practice	On behalf of COORDINARE
_____ Name of Practice Principal/ Owner Medical Director/CEO	*Abhijeet Ghosh* COORDINARE Data Custodian
_____ Signature (required)	_____ Signature (required)
Date _____	Date _____

Lumos Consent form - additional signatures

Optional if practice requires

For most practices, the data custodian is the owner or principal GP. However some practices will have other arrangements with multiple data custodians.

This page is provided to include additional data custodian sign-offs from the practice's general practitioners if required.

This is optional and is decided by the practice based on their individual structure and preferences.

Practice Name: _____

	Name of General Practitioner	Signature	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Please print out more copies of this page if needed to include all practitioners at this general practice.