

MODEL ABORIGINAL MEDICAL SERVICE

ORGANISATION CONSENT FORM

<p>Name of Research Project</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Detailed brief on the project addressing:</p> <ul style="list-style-type: none"> • Purpose of the project • Why information is being collected • How information will be used • Any necessary definition of terms • Timeframe for data use • How data will be disposed 	<ul style="list-style-type: none"> • Is a brief of the research attached? YesNo ... • Are the pages of the brief numbered? YesNo ... • Number of Pages
<p>Name, address and telephone number of principal researcher, for the purposes of this document, unless otherwise stated, also called the Data Custodian</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Name, address and telephone number of institution, for the purposes of this document, unless otherwise stated, also called the Data Repository</p>	<p>.....</p> <p>.....</p> <p>.....</p>

ACCHS Right to Withdraw	1. It is acknowledged that the Model AMS, also known as an Aboriginal Community Controlled Health Service (ACCHS), has the right to withdraw its consent and cease any further involvement in the research project at any time and without any penalty, either financial or personal, and without any reasons being given.
Purpose for the Research	2. The purpose of the research, as outlined in the attached brief (numbered pages ...to ...) has been explained and the ACCHS has had the opportunity to ask questions about the project.
Client Confidentiality and Anonymity	3. The ACCHS is assured that any information it provides or any personal details of its clients obtained in the course of this research, are confidential and that clients identity or any identifiable information will neither be used nor published.
Aboriginal Community and ACCHS Confidentiality and Anonymity	4. The ACCHS has been assured that, unless otherwise specifically stated and agreed upon, any information provided in the course of this research that identifies the ACCHS or the Aboriginal community which it serves, including de-identified data, will not be used nor published without the written permission of this ACCHS.
Adequate Timeframe	5. The ACCHS has been provided an adequate timeframe to consider the appropriateness of this project.
Community Consultation	6. The ACCHS has been assured that the schedule for the proposed research includes provision for Aboriginal community consultation and negotiation and that the project will not proceed until any required negotiation has occurred to the satisfaction of this ACCHS, or, if applicable, the AH&MRC Regional Director, and/or the AH&MRC Ethics Committee.
Data Security	7. The ACCHS has been assured that the information in the brief indicates: <ul style="list-style-type: none"> • Those responsible for the security of data; • Those who will have access to the data • Any intended third party to whom the data will be disclosed; • Details for data storage and destruction; • A requirement for additional consent for any change in use or purpose. • Provisions to preclude derived information being linked to multiple or other data banks.
Ethical Provisions	8. The ACCHS has been assured that the ethical provisions relating to the health of Aboriginal people, as enunciated in NACCHO, AH&MRC and NHMRC publications, have been complied with and that there are terms of reference for any variation from these protocols and that the AH&MRC Ethics Committee has endorsed the project.

Free and Informed Consent	9. This ACCHS freely gives its consent to the above-mentioned research project, subject to compliance with the conditions contained within this Consent Agreement
Contacts	<p>10. The ACCHS understands that if it has any complaints or questions concerning this research project that it can contact the principal researcher mentioned above; the Chairperson of the Model AMS; or the AH&MRC Ethics Committee as follows:</p> <p style="text-align: center;">The Chairperson AH&MRC Ethics Committee PO Box 1565 Strawberry Hills NSW 2012 Telephone: 9698 1099</p>

The Model Aboriginal Medical Service Ltd hereby authorises the above identified research person/organisation to participate in the identified research/survey and agree, subject to the individual consent of its clients, to the identified tests and to release any relevant and required information for the purposes of this research project.

Signed by or on behalf of

.....
Name of Researcher/Research organisation

Signature..... *Date*

Position held

Signed on behalf of the Model AMS.

Signature *Date*

Position held at the Model AMS

Witnessed by *Date*

Position held at the Model AMS