

# PIP QI Incentive Exemption Application Form

## Details

Please complete this form in conjunction with your local Primary Health Network (**PHN**) and submit to [practicesupport@health.gov.au](mailto:practicesupport@health.gov.au), if you wish to apply for an exemption from the requirement for the general practice (**Practice**) to submit PIP Eligible Data Set to your local PHN each quarter. The exemption will apply until 31 July 2020 or the date a solution to extract and submit the PIP Eligible Data Set has been implemented (**Exemption Period**), whichever occurs first. You will need to ensure that the data submitted meets your local PHN requirements for receiving and storing the PIP Eligible Data Set securely (**Solution**) and aligns with the PIP QI Guidelines and PIP Eligible Data Set Data Governance Framework.

Your local PHN contact officer should be the final signatory on the exemption form. Any questions about the form and the exemption conditions may be emailed to [practicesupport@health.gov.au](mailto:practicesupport@health.gov.au). Prior to completing this exemption form, please ensure you have read the associated PIP QI Exemption Fact Sheet which can be found on the [Department of Health webpage](#).

<i>General practice to complete</i>	
Practice PIP Identifier	
Practice Name	
Practice Street Address	
Practice Suburb and City	
Practice State and Postcode	
Practice Owner Name	
Practice Owner Telephone and Email	
Practice Clinical Information System – Product and Version	
<i>General practice acknowledgements</i>	
Please tick the option that relates to your Practice. I am seeking exemption from the requirement for the Practice to submit PIP QI Eligible Data Set to my local PHN for the Exemption Period because:	
1. my Practice’s Clinical Information System is not able to submit data using my local PHNs data extraction method; or	<input type="checkbox"/>
2. my Practice has chosen not to use my local PHNs data extraction method.	<input type="checkbox"/>
I acknowledge that it is my responsibility to develop, within the Exemption Period, a Solution and this may involve working with my clinical information system provider, my local PHN, and/or other relevant software vendors.	<input type="checkbox"/>
I acknowledge that any Solution must be compliant with the PIP QI Guidelines and the PIP Eligible Data Set Data Governance Framework, including that a PIP QI Eligible Data Set must only contain de-identified data, and my local PHN requirements for receiving and storing the PIP Eligible Data Set securely. I am required to liaise with my local PHN in relation to my local PHN's requirements.	<input type="checkbox"/>

I acknowledge that I am fully responsible for developing the Solution, including for any cost, time, resources or liability arising from it and that my local PHN is not required to contribute financially to developing or maintaining the Solution.	<input type="checkbox"/>
I acknowledge that my practice is required to comply with all other eligibility requirements for PIP and the PIP QI Incentive during the exemption period, including in relation to continuous quality improvement activities.	<input type="checkbox"/>
I acknowledge that, if granted, this exemption will remain in place until the earlier occurring of 31 July 2020 or the date a Solution has been implemented from which time I am no longer exempt from the requirement to submit PIP Eligible Data set to my local PHN each quarter.	<input type="checkbox"/>
I have read and understood the PIP QI Exemption Fact Sheet on the Department of Health website: <a href="https://www1.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance">https://www1.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance</a> .	<input type="checkbox"/>
Signed and dated by Practice Owner	...../...../.....
<b><i>Primary Health Network (PHN) to complete</i></b>	
I confirm that our PHN will work with this practice on evidenced based continuous quality improvement and collaborate with the practice (including through its authorised providers) to assist in implementing a Solution.	<input type="checkbox"/>
Local PHN	
Local PHN Contact Officer	
Signed and dated by PHN Contact Officer	...../...../.....