

Applicant Information Sheet

Cystic Fibrosis Program Application

Eligibility

Administrative eligibility is dependent upon the applicant being a permanent Queensland resident. The applicant must hold one of the following eligibility cards – in the name of the applicant:

- Centrelink Pensioner Concession Card
- Centrelink Health Care Card
- Centrelink Confirmation of Concession Card Entitlement Form (conditions apply)
- Department of Veteran's Affairs (DVA) Pensioner Concession Card (conditions apply)
- Queensland Government Seniors Card

To confirm eligibility: Please provide a signed consent to access Centrelink information ([MASS 84 Proxy Access to Centrelink Information](#)) OR a copy of both sides of the eligibility card.

Clinical eligibility will be determined by the Cystic Fibrosis Program (CFP) based on information provided by the CFP designated prescriber as detailed in the CFP administrative guidelines.

CFP Aids and equipment are not provided by the program for hospital inpatients and high care residents of Commonwealth funded care facilities.

The guidelines are available on the MASS website at health.qld.gov.au/mass

- MASS General Guidelines: health.qld.gov.au/_data/assets/pdf_file/0027/430992/mass-general-guidelines.pdf
- Application Guidelines for Cystic Fibrosis: health.qld.gov.au/_data/assets/pdf_file/0028/433297/guidelines-cystic-fibrosis.pdf

How to Apply

The CFP operates through a prescriber model in that CFP designated prescribers, in consultation with the applicant submit an application (on behalf of the applicant) to the CFP for consideration for aids and equipment assistance. The CFP designated prescriber completes the application form in accordance with the Application Guidelines for Cystic Fibrosis. The guidelines are available on the MASS website at health.qld.gov.au/mass/.

MASS designated CFP prescribers are:

- Physiotherapists associated with a cystic fibrosis centre or clinic.
- Registered nurses associated with a cystic fibrosis centre or clinic (for nebulisers only).

MASS-eApply is the preferred method for prescribers to submit applications. More information can be found on health.qld.gov.au/mass/mass-online-applications.

Forms can be found on the MASS website at health.qld.gov.au/mass

- General MASS forms: health.qld.gov.au/mass/subsidy-schemes/mass
- CFP Forms: <https://www.health.qld.gov.au/mass/hospitals>

Consent to Email Communication

MASS offers applicants the opportunity to communicate by email. This page provides information about the risks of email, conditions for use of email communication and how email communication is used. You can provide consent, or revoke consent to email communication by contacting the Oxygen Services team or completing the “Consent to Email Communication” page on your application forms.

Risks of communicating via Email

Communication by email has a number of risks which include, but are not limited to, the following:

1. MASS cannot guarantee that any particular email will be read or responded to.
2. An email can be circulated, forwarded and stored in paper and electronic files.
3. Backup copies of emails may exist even after the sender or the recipient has deleted their copy.
4. Email senders can easily misaddress an email or email can be received by unintended recipients.
5. Email communication can be intercepted, altered, forwarded or used without authorisation or detection.
6. Employers and online services have a right to archive and inspect communication transmitted through their systems.

Conditions for the use of electronic communication

1. MASS will use reasonable means to protect the security and confidentiality of information sent and received. However, because of the risks outlined above, MASS cannot guarantee the security and confidentiality of email communication, and MASS will not be liable for the inadvertent disclosure of confidential information.
2. Email is not appropriate for urgent or emergency situations, nor is it a substitute for care that may be provided during a face-to-face visit or a telephone/telehealth consultation.
3. It is my responsibility to inform MASS of email address changes
4. When emailing MASS, I will:
 - 4.1. Put the applicant name, date of birth and MASS reference number (URN) in the body of the email, not the subject line.
 - 4.2. Include the general topic of the email in the subject line. For example, “application status” or “delivery”
 - 4.3. Contact MASS via the alternative communication methods (phone, letter etc) if a reply is not received within a reasonable period of time.

5. I will not use email for communication regarding sensitive medication information.
6. I am responsible for informing MASS of any types of information that I do not want to be sent by email.
7. I am responsible for protecting my password or other means of access to email. MASS is not liable for breaches of confidentiality caused by myself or any third party.

Collection Notice

1. Queensland Health (QH) is required to manage my personal information in accordance with the Information Privacy Act 2009 and the Hospital and Health Boards Act 2011.
2. Email communication between myself and the health care professional will be printed and filed in my client record. As emails are a part of the client record, other individuals authorised to access the client record will have access to those emails.
3. Email messages from myself may also be delegated to another health care professional or staff member for response. Administration staff may also receive and read or respond to my emails.
4. Some of my personal information on my medical record may be given to caregivers, guardians and other government departments who provide associated services that require my information for the purpose of providing a health care service

Applicant Acknowledgements

I confirm that:

1. I have actively participated in the assessment and trial of aid/s and associated modifications and accessories.
2. The features and options of the aid/s, and any appropriate alternatives have been fully explained to me by my prescribing health professional.
3. The possible cost implications that I may incur as a result of CFP administrative guidelines have been explained to me by my prescribing health professional.
4. The aid/s prescribed are suitable for my needs. I have a safety switch (residual current device) installed in my home and am using a surge protection device (only applicable for aids that require charging/operation through mains power).

I acknowledge that:

1. The aids provided by the CFP are owned by me and that repairs and maintenance become my responsibility.
2. The CFP takes no responsibility for any injury sustained by me when using the aid/s.
3. The aid/s will only be used by me and for the purpose prescribed.
4. Unless the aid/s is supplied to me with a written notice confirming that it has been tested for electrical safety and that the aid/s was found to be electrically safe, I should assume that it has not been tested and where the assumption applies, Queensland Health makes no warranty as to the electrical safety of the equipment (only applicable for aids that require charging/operation through mains power)

I agree to:

1. Answer I will not use email for communication regarding sensitive medication information.

2. Notify my health professional prescriber should I cease to be able to use the use the aid/s safely and effectively.
3. Inform the CFP within 14 days of any change in my residential address or eligibility for assistance e.g. no longer eligible for a Health Care Card.

Privacy Statement

The Queensland Health, Medical Aids Subsidy Scheme (MASS) collects administrative, demographic and clinical data as part of the MASS application processes, in accordance with the Information Privacy Act 2009 and Hospital and Health Boards Act 2011, in order to assess your eligibility for funding assistance for the supply of aids and equipment.

The information will only be accessed by Queensland Health officers. Some of this information may be given to the applicant's carer or guardian; other government departments who provide associated services; the prescribing health professional for further clinical management purposes; and to those parties (e.g. commercial suppliers, community care and repairers) requiring the information for the purpose of providing aids, equipment and services.

Your information will not be given to any other person or organisation, except where required by law.



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