



Queensland Government Medical Aids Subsidy Scheme
Queensland Health

**MASS Equipment Services
Letter Template**

(Affix identification label here)

Family name:

Given name(s):

Date of birth: Gender: M F I

Medical Aids Subsidy Scheme (MASS) staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

Submit completed form to a MASS Service Centre

Website: health.qld.gov.au/mass/ **Brisbane:** PO Box 281, Cannon Hill Qld 4170
Telephone: 07 3136 3524 **Townsville:** PO Box 1494, Townsville Qld 4810
Email: MASS-Equipment@health.qld.gov.au

Applicant Details

Title	Family name	Given name(s)	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex or Other	Telephone	Mobile
Address details		Suburb / town	Post code
Applicant's permanent stabilised disability		Height cm	Weight kg

Equipment Information

Is this equipment required for discharge from a hospital, transition care or post acute services? Yes No

Have you confirmed that the prescribed equipment is available from the supplier or MASS stock for discharge? Yes No

Has the applicant had one or more falls in the month? Yes No

Is the aim of the requested item to prevent future falls? Yes No

Does the applicant have a current pressure injury? Yes No

Is the aim of the requested item to manage a current pressure injury? Yes No

Upon allocation of MASS stock equipment, please indicate the applicant would prefer to receive the user manual for the equipment:
 Paper USB Email – please ensure the consent to email communication is completed on page 4.

Item(s) Requested

Replacements and Modifications

- Replacement equipment with same brand/size/model
- Modifications or accessories to existing equipment

Plaque Number (or product details) for equipment being replaced

Equipment Requests

- Back up sling/sling only application
- Back up manual wheelchair for applicant with powerdrive wheelchair

Plaque Number (or product details)

Seat width and seat depth

Additional items (e.g. seat belt) if available
- Other

Please find the attached quotation for the above from

Supplier Name

Quotations are not required for items supplied from MASS stock, including backup manual wheelchairs for clients with powerdrive wheelchairs, sling or other items supplied from MASS Stock.

DO NOT WRITE IN THIS BINDING MARGIN



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Reason for Request

If there is insufficient space for "Reason for Request" please continue on page 3.

Prescriber Details

Prescriber Name			
Profession			Current Registration <input type="checkbox"/> Yes <input type="checkbox"/> No
Organisation name			
Address		Suburb / town	Post code
Telephone	Mobile	Fax	
Contact Hours		Email	
Signature			Date



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Reason for Request Continued...

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Applicant 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. It will also be used to document your consent to communicate with you by email.

Risks of communicating via Email

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

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

Conditions for the use of electronic communication

- a 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.
- b 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.
- c It is my responsibility to inform MASS of email address changes
- d When emailing MASS, I will:
- e Put the applicant name, date of birth and MASS reference number (URN) in the body of the email, not the subject line.
- f Include the general topic of the email in the subject line. For example, "application status" or "delivery"
- g Contact MASS via the alternative communication methods (phone, letter etc) if a reply is not received within a reasonable period of time.
- h I will not use email for communication regarding sensitive medication information.
- i I am responsible for informing MASS of any types of information that I do not want to be sent by email.
- j 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

- a 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.
- b 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.
- c 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.
- d 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

I consent to receiving communication by email regarding this application and the delivery of MASS services Yes No

I consent to receiving communication by email regarding MASS Service improvement activities. Service improvement activities include surveys, invitations to MASS education sessions workshops and/or webinars, MASS events or newsletters. Yes No

Email Address

I consent to MASS contacting via email: 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. Yes No

You can withdraw your consent to email communication by contacting MASS.
There will be no impact on service provision should you choose to withdraw consent