



Returning this form - email to: mental.health.incentives@dva.gov.au

Privacy notice

DVA collects personal information under and for the purposes of performing its functions in portfolio legislation administered by DVA. These functions include claims, the delivery of payments, programs, services and treatments and for veteran and family wellbeing. We also use these for wider purposes in performing those functions including reporting, continual improvement and evaluation. We collect, use and disclose your personal information as set out in various program and claim form notices and as further set out in DVA's claim and program application forms, its Card and Card Carrier notices, specific program collection notices where applicable and as set out in the [DVA Privacy Policy](#). More information about privacy rights and obligations is contained in the policy and at [How does the DVA protect my privacy](#).

Important

The provider by submitting this form is indicating that the client has given informed consent to provision of the claim and personal information to DVA for the purposes of assessing eligibility and providing treatment and services and benefits under DVA legislation. This includes participating in the program as well as for use in clinical review, audit, evaluation, reporting and management purposes and disclosure to the client's treating team of clinicians. The practitioner confirms that appropriate notices and consents have been given in that regard and is responsible for ensuring that the client is aware that their personal information is to be collected, used and disclosed in that way.

I confirm that I have read and understood the privacy collection notice and have obtained client consent to the department collecting, using and disclosing their information in accordance with the privacy collection notice.
(Please note DVA is unable to process a request without this box checked).

Provider Details

Provider name:

Provider number:

Provider type:

General Practitioner

Psychiatrist

Email:

Phone number:

Incentive Claim Submission Details

Please note: Multiple claims can be submitted on the same form.

DVA File Number	Given Name	Surname	Date of Birth	Date of Service

I confirm that the consultation was for the delivery of mental health care and the consultation and incentive item numbers meet the relevant requirements for DVA and the Medicare Benefits Schedule.