© State of Queensland (Queensland Health) 2026
Licensed under: http://creativecommons.org/licenses/by-nc-nd/3.0/au/deed.en

DO NOT WRITE IN THIS BINDING MARGIN
Do not reproduce by photocopying. All clinical form creation and amendments must be conducted through Clinical Information Systems

SW80019
v4.00 - 03/2026

SW80019

Queensland Government

Medical Aids Subsidy Scheme (MASS)

MASS 70 Acquittal Daily Living and Mobility Aids

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Gender: ☐ M ☐ F ☐ I

This form is used by supplier, prescriber and client for the acquittal of aids supplied by MASS.

MASS requires an acquittal process to be undertaken for all individual assistive technology items over $5,000.

MASS SERVICE CENTRE DETAILS

Website: health.qld.gov.au/mass/

Telephone: 07 3136 3524

SUBMIT COMPLETED FORM TO SERVICE CENTRE

Postal Address: PO Box 281, Cannon Hill Qld 4170

Email: MASS-Equipment@health.qld.gov.au

PRIVACY CONSENT

The Queensland Health and Metro South Hospital and Health Service (MSHHS), via the Medical Aids Subsidy Scheme (MASS) collects and uses your personal information including your administrative, demographic, and health information as part of the MASS application process to assess your eligibility for funding assistance and delivery of funded items. All information is collected in accordance with the Information Privacy Act 2009 (Qld) and Hospital and Health Boards Act 2011 (Qld). It is important that you have fully read and understood this document before you provide your consent.

MSHHS will collect the following personal information:

- First name, surname, date of birth and demographic information.
- Telephone number/s.
- Residential and delivery addresses.
- Concession card details.
- Details of other support funding received.
- Contact details of nominated contact person/s.
- Information related to your health condition/disability necessitating the supply of aids/equipment.

Not providing requested information may result in your application for aids/equipment being rejected or the approval of the aids/equipment being delayed while the required information is collected. Your personal information will be securely stored and only accessible by authorised employees of Queensland Health/MSHHS. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at health.qld.gov.au/global/privacy.

Your personal information collected may be shared with others directly involved in the provision of MASS services, including:

- The health professionals completing your application for their records of the selection of the most suitable aids/equipment for your needs.
- The supplier of the requested aids and equipment to arrange purchase, delivery to your home and collection.
- Other person/s nominated as a contact person on your application if required to act on your behalf.
- Other Hospital and Health Services when your application is related to discharge from a hospital.

Our contracted service providers also observe strict personal information management requirements. To provide services in a timely manner, the most appropriate communication method will be used to share your information including telephone, email, secure data transfer and post. Your information will not be disclosed to other third parties without your consent for any unrelated purpose unless the disclosure is authorised or required by or under law. If you do not wish for us to share your information with a person or organisation, you can ask us not to share it.

At any time during the application process or the use of the funded items, you may withdraw your consent to the sharing of your personal information by informing MASS by email MASS@health.qld.gov.au or telephone on 07 3136 3636.

To understand our privacy practices more broadly, and your rights in relation to accessing and correcting your personal information, please see health.qld.gov.au/mass/privacy-policy.

Substitute decision-maker consent:

If the applicant does not have capacity, you must adhere to the Advance Health Directive (AHD). If there is no AHD, the consent must be obtained from a substitute decision-maker in the following order:

Category - 1. Tribunal appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker (if applicable):

Category of substitute decision-maker:

MASS 70 ACQUITTAL DAILY LIVING AND MOBILITY AIDS

Queensland Government

Medical Aids Subsidy Scheme (MASS)

MASS 70 Acquittal Daily Living and Mobility Aids

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Gender: ☐ M ☐ F ☐ I

Consent:

I consent to QH/MSHHS collecting, storing, using and disclosing my personal information including sensitive information as described in this form for the purposes of providing me with my health care and the funded items.

Name (Applicant/Substitute Decision-Maker):

Signature: Date:

ACQUITTAL

Section A - Supplier to complete at time of delivery of the aid

Description of aid supplied

Method of delivery

Supplier name

Representative Details

Name **Signature** **Date**

Section B – Prescriber/delegated health professional to complete after reviewing aid with client

I ☐ **am /** ☐ **am not** satisfied that the aid provided is in accordance with the prescription and quote submitted to MASS. If not satisfied, please provide reason:

Prescriber/delegated health professional details

Organisation name **Phone number**

Name **Signature** **Date**

Section C – Client to complete after receiving the aid, indicating satisfaction

I acknowledge that the aid/s referred to in this form has been received and;

☐ **am /** ☐ **am not** satisfied with the aid. If not satisfied, please provide reason:

Have you been provided advice in: ☐ in use of the equipment ☐ future maintenance and repair ☐ a user manual

Client/Guardian or authorised decision maker on behalf of client details:

Name **Signature** **Date**

Authorised decision-maker authority e.g. Enduring Power of Attorney

DO NOT WRITE IN THIS BINDING MARGIN
Do not reproduce by photocopying. All clinical form creation and amendments must be conducted through Clinical Information Systems