OPIOID DEPENDENCE TREATMENT (ODT) CONSENT CONVERSATION CARD

This document is designed to act as a companion file to the ODT Community Pharmacy Program Service Information Statement and Consent Form (ISCF) to provide community pharmacies with additional information when explaining the ISCF to patients. It should be used in conjunction with the ISCF and <u>not</u> as a substitute for providing the ISCF.

Why have I been asked for permission to use my information?

You have been prescribed one or more opioid dependence treatment medicines that are available on the Pharmaceutical Benefits Scheme (PBS). Your community pharmacy can claim a fee from the Department of Health and Aged Care (the Department) for providing your medicines to you as in-pharmacy or take-away doses and/or administering your injection/s.

For your community pharmacy to be paid for this service, they need to submit a service claim to the Pharmacy Programs Administrator (the PPA). This claim includes your personal details, and this requires your consent.

Why do you need this information?

The Department of Health and Aged Care and the PPA collect your personal information to:

- Confirm you are eligible to receive the services
- Let us pay your pharmacy the correct amount.

If you consent to receive these funded services by completing and signing a consent form, your personal information will be collected for this purpose. It may also be provided to your State/Territory health department.

How do I provide this information?

Personal information, such as your name, date of birth, Medicare/DVA number and the medications you are taking will be collected by your pharmacist and disclosed to the PPA and the Department to enable them to make a claim for payment. If you receive your medicines from more than one community pharmacy, you will need to complete a consent form at each location.

Does signing the consent form mean that the Department receive additional personal information beyond what is already reported to Service Australia (the PBS)?

No. Similar information including (but not limited to) your name, date of birth, Medicare/DVA number and the medications you are taking are collected by your pharmacist and disclosed to the Department and Services Australia when a PBS script is processed and dispensed. A similar privacy notice to the one included in the PPA Information and Consent form can be found on the either the bottom or the back of your script.

The PPA Information and Consent form does not provide consent to collect *new* information, only for your pharmacy to securely report a small amount of existing information in order to receive additional service payments to assist them in preparing and administering your medications.

Do I have to provide my information?

No. You do not have to consent to your information being provided, but if you don't provide consent, your community pharmacy won't be able to be paid for administering your injection or providing your in-store or takeaway doses. You cannot be charged a fee for these services if your medicine has been dispensed under the PBS.

Will the information you give be confidential?

Yes. Your personal information is protected by law, including the *Privacy Act 1988*.

The Department has a privacy policy which you can read at https://www.health.gov.au/resources/publications/privacy-policy.

The PPA has a privacy policy which you can read at https://www.ppaonline.com.au/privacy-policy.

I am concerned regarding overseas recipients, what does this statement mean?

The Department's privacy policy (noted above) must comply with the *Privacy Act 1988* and as the Act includes a requirement to communicate any possibility (however remote) of information being disclosed to overseas recipients and as a result, all consent forms linked to Department projects such as those administered by the PPA must include the specific reference to overseas recipients.

We note that a similar reference can be found in the Services Australia Privacy Policy.