

HOME MEDICINES REVIEW PATIENT CONSENT

COLLECTION AND USE OF YOUR PERSONAL INFORMATION

The Service Provider is collecting and using this personal information about you in order to determine your eligibility, and if eligible, provide you a service under the Seventh Community Pharmacy Agreement. The Service Provider may also collect your personal information from your Community Pharmacy.

The Service Provider can be contacted using the details below:

Service Provider Name			
Telephone Number			
Date of Service		Time of Service	

The Service Provider will disclose your personal information such as your Medicare Number, name, date of birth, details about your eligibility for the service and other health information to the Pharmacy Programs Administrator and the Australian Government. The Service Provider may also disclose your personal information to your Community Pharmacy, other members of your healthcare team and another Service Provider as a requirement of conducting the service.

The Pharmacy Programs Administrator has a privacy policy that you can read at www.ppaonline.com.au. You can also obtain a copy of the privacy policy by contacting the Pharmacy Programs Administrator using the contact details on the website above. The privacy policy contains information about:

- How you may access the personal information that the Service Provider, the Pharmacy Programs Administrator or the Australian Government holds about you and how you can seek to correct it
- How you may complain about a breach of the Australian Privacy Principles.

The Australian Government is unlikely to disclose your personal information to overseas recipients.

If you do not wish to provide all of the personal information or consent to the collection and disclosure of the personal information required, the Service Provider will not be able to provide you with a funded service.

WRITTEN PATIENT CONSENT

This may be filled in by the patient/carer/guardian.

I consent to the Service Provider (including all accredited and registered pharmacists undertaking the service on behalf of the Service Provider) collecting and disclosing personal information for the purpose indicated above for:

Patient Name			
Signature		Date	
Print name			

If you are signing on behalf of the patient, please indicate your relationship:

- Carer Guardian/parent

This program is funded by the Australian Government Department of Health and Aged Care as part of the Seventh Community Pharmacy Agreement.



CONTACT THE SUPPORT CENTRE: 1800 951 285 | support@ppaonline.com.au