

## DOSE ADMINISTRATION AID (DAA) PATIENT INFORMATION AND CONSENT FORM

### INFORMATION STATEMENT

This service provides you with a well-sealed, tamper-evident device that allows individual medicine doses to be organised according to the prescribed dose schedule. The Dose Administration Aids (DAA) service is designed to assist you to better manage your medicines, with the goal of improved health outcomes.

In order to receive this service you need to be a Medicare and/or Department of Veterans' Affairs (DVA) cardholder, hold a current Australian Government issued concession card, live at home in a community setting; and have trouble managing your medications because of literacy or language issues, physical disability or cognitive difficulties or because you have to take five or more prescription medicines.

Under this service, your pharmacy will:

- Assess your eligibility to receive the service and obtain informed consent from you
- Select the appropriate DAA for your needs, prepare the medicines in the DAA and monitor your progress in using the DAA
- Collect personal and sensitive information from you to enable the pharmacy to claim a payment for delivery of this service.

The Australian Government is paying a set fee per week towards the cost of your DAA. You may be charged an additional fee by your pharmacy for the DAA. This additional fee is at the discretion of each pharmacy and is not mandated by the Australian Government. **You are still required to pay the costs of the medicines that will be packed into the DAA.**

*This program is funded by the Australian Government.*

### WHAT YOU NEED TO KNOW BEFORE YOU GIVE CONSENT

This consent form is to allow the pharmacy to provide your personal information to the Pharmacy Programs Administrator (PPA) and the Department of Health, Disability and Ageing to verify your eligibility to receive the DAA service and to enable the pharmacy to claim a payment for providing this service.

This process is similar to the clinic/GP practice providing your Medicare number to claim for you seeing a Health Worker or General Practitioner (GP). Your personal information is protected by law, including the Privacy Act 1988. The Department is unlikely to disclose your personal information to overseas recipients.

Your/the patient's personal information that will be collected by the pharmacy include:

- Personal details – Name, Address, Medicare and Concession Card number, Date of Birth
- The names of the medicines you/the patient are taking; and
- Details about the patient's authorised representative, if applicable.

If you do not provide your consent to the collection of information for this purpose, your pharmacy will not be able to assess your eligibility for the service and you will not be able to access a funded DAA service. In this event, you may be required to pay for the cost of the service to your pharmacy.

The Department has a privacy policy which you can read at: <http://www.health.gov.au/privacy>. The Department can be contacted by telephone on **(02) 6289 1555** or free call **1800 020 103** or by using the online enquiries form at <http://www.health.gov.au>. The Pharmacy Programs Administrator has a Privacy Policy you can read here: <https://www.ppaonline.com.au/privacy-policy>. The Pharmacy Programs Administrator can be contacted by telephone on **1800 951 285** or email at [support@ppaonline.com.au](mailto:support@ppaonline.com.au).

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### PATIENT CONSENT

#### ***Consent provided by the patient:***

I acknowledge I have read or had explained to me, and understand, the contents of the DAA Service Information Statement.

By signing below, I consent to receive the DAA Service and to the collection of my personal information by the Pharmacy Programs Administrator and the Australian Government Department of Health, Disability and Ageing to enable the pharmacy to claim a payment for delivery of that service and for program monitoring and evaluation purposes.

<b>Patient Name</b> (Given name and family name)			
<b>Patient Signature</b>		<b>Date of Consent</b>	

#### ***Consent provided by a person authorised to act on behalf of the patient:***

This may be filled in by the patient / individual who has the legal authority to consent and sign on the patient's behalf (for example, a guardian, a person appointed under an enduring power of attorney or a person otherwise authorised to give this consent in your State or Territory).

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

- ☐ Parent or guardian of child
- ☐ Enduring Guardian, recognised by a relevant state or territory law
- ☐ Enduring Power of Attorney, recognised by a relevant state or territory law
- ☐ A person who has been nominated in writing by the patient while the patient was capable of giving consent
- ☐ A person recognised by a relevant state or territory law

By signing below, I consent to the patient receiving the DAA Service and to the collection of their personal information by the Pharmacy Programs Administrator and the Australian Government Department of Health, Disability and Ageing to enable the pharmacy to claim a payment for delivery of that service and for program monitoring and evaluation purposes.

<b>Authorised Person Signature</b>		<b>Date of Consent</b>	
<b>Authorised Person Name</b>			