

RESIDENTIAL MEDICATION MANAGEMENT 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	

DISCLOSURE

The Service Provider will disclose your personal information such as your Medicare Number, name and date of birth 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 collect and disclose the personal information required, the Service Provider will not provide you with the service.

WRITTEN PATIENT CONSENT

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) and physically handed to the Service Provider or electronically sent to the Service Provider.

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	
Name, relationship and address of Person providing consent on Patient's behalf (if not patient) including details of the basis of their ability to give consent			

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VERBAL PATIENT CONSENT

If it is not possible to obtain written consent from the patient, the Service Provider may instead obtain verbal patient consent. The person who obtains the Patient's verbal consent should fill in the section below.

If the patient is unable to provide their own consent you must obtain verbal consent from an individual who has the legal authority to do so on the patient's behalf (such as a guardian, a person appointed under an enduring power of attorney or otherwise authorised to give this consent in your State or Territory).

A patient's personal details must NOT be passed on by the Service Provider if the patient has not provided verbal or written consent for this to occur.

To Read to Patient/Patient's Authorised Legal Representative

Do you consent to the collection of your/the patient's personal information by the Department and Pharmacy Programs Administrator to verify your/the patient's eligibility to receive the RMMR Service so that the Service Provider may provide this service to you/the patient?

Your/the patient's personal information includes:

- *details about your/the patient's eligibility for the service,*
- *the medications you/the patient is taking and*
- *other health information.*

If you do not provide your consent to the collection of your/the patient's personal information, the Service Provider will not be able to provide you/the patient with the RMMR Service.

The person who obtains the **verbal consent** should fill in the section below:

- I have explained to the patient/patient's authorised legal representative how the information will be used for the purpose of conducting a RMMR Service under the Seventh Community Pharmacy Agreement
- The patient/patient's authorised legal representative has verbally provided consent for the Service Provider to collect and disclose the patient's personal information to the PPA, the Australian Government Department of Health, the Patient's Community Pharmacy and, if required, other Service Providers for the purpose indicated above.

Patient Name			
Name, relationship and address of Person providing consent on Patient's behalf (if not patient) including details of the basis of their ability to give consent			
Name of person who obtained verbal consent		Date	



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