



INFORMATION STATEMENT

This service provides you with your medicines in a well-sealed, tamper-evident device. The device allows your individual medicine doses to be organised according to the dose schedule your doctor has directed. The Dose Administration Aids (DAA) Service is designed to assist you to better manage your medicines. The service aims to help to improve medicine use 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 pharmacist will:

- Assess your eligibility to receive the service
- Obtain informed consent from you to receive the service
- Select the appropriate DAA for your needs
- Prepare the medicines in the DAA
- 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 \$6.17 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 to obtain the medicines that will be packed into the DAA.

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

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



DOSE ADMINISTRATION AID PATIENT INFORMATION AND CONSENT FORM

Australian Privacy Principle 5 Notification under *the Privacy Act 1988*

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

Collection of Personal Information to allow payment to your pharmacist

The Department and the Pharmacy Programs Administrator are collecting your personal information to verify your eligibility to receive the DAA Service and enable the pharmacy to claim a payment for the delivery of the service to you.

Personal information, details about your eligibility for the service, the medications you are taking and other health information will be collected by your pharmacist and disclosed for this purpose. If you consent to receive this service by completing and signing the consent form, your personal information will be collected for this purpose.

If you do not provide your consent to the collection of your information for this purpose, your pharmacist 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 pharmacist.

Further Information

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 can be contacted by telephone on **1800 951 285** or email at support@ppaonline.com.au

The Department has a privacy policy which you can read at: <http://www.health.gov.au/privacy>

The Pharmacy Programs Administrator has a Privacy Policy you can read at on our [website](#).

You can obtain copies of these privacy policies by using the contact details set out above. The privacy policies contain information about:

- How you may access the personal information the Pharmacy programs Administrator holds about you and how you can seek correction of it
- How you may complain about a breach of the Australian Privacy Principles and how complaints are dealt with.

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ACKNOWLEDGEMENT

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

CONSENT

- I consent to receive the DAA Service and in doing so I consent to the collection of my personal information by the Pharmacy Programs Administrator and the Australian Government Department of Health to enable the pharmacy to claim a payment for delivery of that service.

Signature		Date	
Print name			

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

- Parent or guardian of child
- Other – Please tick applicable category below:
- Enduring Guardian, recognised by a relevant State or Territory law
 - Enduring Power of Attorney, recognised by a relevant State or Territory law
 - A person recognised by a relevant State or Territory law
 - A person who has been nominated in writing by the Participant while the Participant was capable of giving consent

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