Pharmacy Programs Administrator

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**	

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/carer/guardian 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**	
Print name			

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

☐ Carer ☐ Guardian/parent

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

VERBAL PATIENT CONSENT

If it is not possible to obtain written patient consent during the COVID-19 pandemic the Service Provider may instead obtain verbal patient consent. The person who obtains the Patient's verbal consent should fill in the section below.

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

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

Your Personal information includes:

- *details about your eligibility for the service,*
- *the medications you are taking and*
- *other health information.*

If you do not provide your consent to the collection of your personal information, the Service Provider will not be able to provide you with the HMR Service.

The person who obtains the Patient's verbal consent should fill in the section below.

☐ I have explained to the Patient how their information will be used for the purpose of conducting a HMR Service under the Seventh Community Pharmacy Agreement

☐ The Patient has verbally provided consent for the Service Provider to collect and disclose their personal information to the PPA, the Australian Government Department of Health, the Patient's Community Pharmacy and, if required, other Service Providers and members of the Patient's healthcare team for the purpose indicated above.

Patient Name			
Name of person who obtained verbal consent		**Date**	