

INFORMATION STATEMENT FOR PATIENTS

This service provides delivery of your medicines.

In order to receive this service you need to be a Medicare and/or Department of Veterans' Affairs (DVA) cardholder, live at home in a community setting, and:

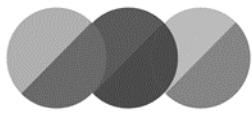
- are isolating yourself at home on the advice of a medical practitioner, for confirmed COVID-19 cases; or
- meet the current national triage protocol criteria for suspected COVID-19 infection after consultation with either the national COVID-19 hotline, state COVID-19 hotlines, a registered medical or nursing practitioner or COVID-19 trained health clinic triage staff; or
- are aged over 70; or
- identify as Aboriginal and/or Torres Strait Islander and are aged over 50; or
- have a chronic health condition(s) or are immunocompromised; or
- have a new baby in the home or people who are pregnant.

You also need to request delivery of one or more of the following items:

- one or more Pharmaceutical Benefits Scheme (PBS) medication; or
- one or more Repatriation Pharmaceutical Benefits Scheme (RPBS) medication.

You are still required to pay to obtain the PBS/RPBS medicines and other items which may be delivered under this program.

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



COVID-19 HOME MEDICINES SERVICE 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 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 Service. In this event, you may be required to pay for the full 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>

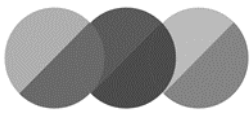
The Pharmacy Programs Administrator has a Privacy Policy you can read on our website: <https://www.ppaonline.com.au/privacy-policy>

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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COVID-19 HOME MEDICINES SERVICE INFORMATION AND CONSENT FORM

ACKNOWLEDGEMENT

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

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.

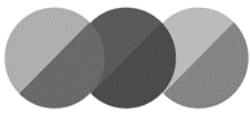
- I consent to receive the Service and in doing so I consent to the collection of my personal information by the Pharmacy Programs Administrator and the Australian Government Department of Health to enable the pharmacy to claim a payment for delivery of that service.

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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COVID-19 HOME MEDICINES SERVICE INFORMATION AND CONSENT FORM

VERBAL PATIENT CONSENT

If it is not practical to obtain written patient consent the pharmacy may instead obtain verbal patient consent.

Please note the consent the pharmacy is obtaining is not for the delivery itself but consent for the pharmacy to pass on the patient's personal information to the Department of Health and the PPA when they are lodging a claim.

A patient's personal details must NOT be passed on by the pharmacy 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 of Health and Pharmacy Programs Administrator to verify your eligibility to receive the Home Medicine Service so that the pharmacy may claim a payment for the delivering 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 pharmacist will not be able to assess your eligibility and you may be required to pay for the full cost of the service delivery.

The person who obtains the Patient's verbal consent should fill in the section below or may choose to record in a different manner that verbal consent was obtained, such as making a note in the Patient's dispensing history.

- I have explained to the Patient how their information will be used for the purpose of claiming a delivery made under the COVID-19 Home Medicines Service
- The Patient has verbally provided consent for the pharmacy to collect and disclose their personal information to the PPA and the Australian Government Department of Health for the purpose indicated above.

Patient Name			
Name of person who obtained verbal consent		Date	
Signature			

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