



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	

The Service Provider will disclose your personal information such as your Medicare Number, name, date of birth, details about your eligibility for the service and other health information to the Pharmacy Programs Administrator and the Australian Government in order to claim a payment for the delivery of the service to you. 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 the collection and disclosure of the personal information required, the Service Provider will not be able to provide you with a funded 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).

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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AUTHORISED LEGAL REPRESENTATIVE - VERBAL CONSENT

In some instances where consent must be obtained 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), it is acknowledged that written consent may be difficult to obtain.

In these scenarios, where provision of the RMMR service is at risk of being delayed, verbal consent may instead be obtained from the legal representative.

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

After explaining both the RMMR Service and the purpose of this consent form to the legal representative, the person who obtains the verbal consent should fill in the section below.

To Read to Patient’s Authorised Legal Representative

Do you consent to the collection of the patient’s personal information by the Department of Health and Aged Care (the Department) and Pharmacy Programs Administrator to verify the patient’s eligibility to receive the RMMR Service so that the Service Provider may provide this funded service to the patient?

The patient’s personal information includes:

- *details about the patient’s eligibility for the service,*
- *the medications the patient is taking and*
- *other health information.*

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

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

- I have explained to the 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’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 Department, 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	



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Unable to obtain Patient Consent

If the patient does not have the capacity to provide their consent, and there is no other suitable person who is able to provide consent on behalf of that patient, such as a guardian or a person appointed under an enduring power of attorney, a service can still be completed, where you consider that without completing a service:

- the patient’s physical or mental health or safety may be significantly and detrimentally impacted;
- the patient may be exposed to a potentially life-threatening situation; and/or
- the patient might reasonably be exposed to serious injury or illness.


Your collection, use and disclosure of the patient’s information under the RMMR program will be permitted under the *Privacy Act 1988 (Cth)*.

If no Patient Consent (or other authorised person consent) is available please complete this section (including tick box):

I confirm that the patient does not have the capacity to provide consent for this RMMR service to be undertaken and there is no suitable person to give consent on the patient’s behalf. Also in my opinion, without the service, the patient is at risk of experiencing at least one of the three scenarios listed above.

Patient Name			
Name of accredited pharmacist undertaking the service		Date	

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

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