

OPIOID DEPENDENCE TREATMENT (ODT) COMMUNITY PHARMACY PROGRAM – PATIENT INFORMATION STATEMENT AND CONSENT FORM

INFORMATION STATEMENT

You have been prescribed one or more opioid dependence treatment medicines that are available on the Pharmaceutical Benefits Scheme (PBS), for dispensing at your community pharmacy.

Under this program, opioid medicines that are listed on the Section 100 Highly Specialised Drugs Program (Community Access) will be dispensed by your pharmacy under the PBS. This means you will need to pay a PBS co-payment towards your medicine (this amount varies depending on whether you hold a concession card and/or if you have reached the PBS Safety Net threshold) and the amount you pay will count towards your PBS Safety Net record.

The Australian Government will pay your pharmacy for the staged supply provision/administration of your ODT Community Pharmacy Service medicines.

Any additional patient fees are not permitted under this program, so the most you should pay is the general or concessional PBS co-payment amount for the medicine itself.

In order to receive this service, you need to:

- Have a valid Medicare and/or Department of Veterans' Affairs (DVA) card
- Have been enrolled in a state or territory ODT program and receiving ODT medicines from your community pharmacy.

Under this service your pharmacist will:

- Assess your eligibility to receive the service
- Obtain informed consent from you to receive the service
- Collect personal and sensitive information from you to enable the pharmacy to claim a payment for delivery of this service
- Provide these PBS medicines to you in instalments (i.e. dosing in the pharmacy or take-aways), or as an injection.

OPIOID DEPENDENCE TREATMENT (ODT) COMMUNITY PHARMACY PROGRAM

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 ODT Community Pharmacy Services and enable the pharmacy to claim a payment for the delivery of the service to you.

Personal information, such as your Medicare/DVA number and the medications you are taking will be collected by your pharmacist and disclosed for this purpose.

If you consent to receive these funded services by completing and signing the consent form, your personal information will be collected for this purpose.

Further Information

The Department is unlikely to disclose your personal information to overseas recipients.

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 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 <https://www.health.gov.au/resources/publications/privacy-policy>

The Pharmacy Programs Administrator has a privacy policy which you can read at 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 Department or 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.

OPIOID DEPENDENCE TREATMENT (ODT) COMMUNITY PHARMACY PROGRAM**ACKNOWLEDGEMENT**

I have been provided (verbally or in writing), the contents of the ODT Community Pharmacy Program Information Statement and understand the services and what I am consenting to.

CONSENT

- I consent to receive ODT Community Pharmacy Services and in doing so I consent to the collection of my personal information to enable the pharmacy to claim a payment for delivery of the service as described on the previous page of this Consent Form.

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.

This program is funded by the Australian Government.



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