

## DIABETES MEDSCHECK PATIENT INFORMATION AND CONSENT FORM

### INFORMATION STATEMENT

This service provides you with a review of the medicines you are taking and education to assist you with managing your type 2 diabetes. The service aims to help reduce your risk of developing complications from type 2 diabetes, and improve medicine use with the goal of better health outcomes.

In order to receive this service you need to be a Medicare and/or Department of Veterans' Affairs (DVA) cardholder who lives at home in a community setting. You must not have had a MedsCheck, Diabetes MedsCheck, Home Medicines Review or Residential Medication Management Review Service in the previous 12 months. Also, you need to be unable to access existing diabetes education/health services and have been diagnosed with type 2 diabetes (in the last 12 months) or have less than ideally controlled type 2 diabetes.

Under this service, your pharmacy will:

- Assess your eligibility to receive the service and obtain informed consent from you
- Ask you to bring all prescriptions and current medicines along to an appointment
- Check the medicines you have brought in against the Pharmacy dispensing records
- Talk to you about your medical conditions and any allergies you may have
- Teach you how to store and take your medicines correctly
- Educate you in effectively using blood glucose monitoring devices
- Help you to improve control of your blood glucose levels
- Develop and provide you with a copy of an accurate medicines list and written action plan
- Undertake follow up actions that may include contacting your doctor or other healthcare providers, and providing them with a copy of the medicines list and written action plan
- Upload a record of the Diabetes Medscheck service to your My Health Record (if you have one)
- 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 the Pharmacy for the Diabetes MedsCheck Service. You will not be charged a fee by the Pharmacy for this service. **You will still be required to pay for the medicines that will be checked through this Diabetes MedsCheck service including the PBS co-payment (if applicable) when medications are dispensed.**

*This program is funded by the Australian Government.*

### WHAT YOU NEED TO KNOW BEFORE YOU GIVE CONSENT

This consent form is to allow the pharmacy to provide your personal information to the Pharmacy Programs Administrator (PPA) and the Department to verify your eligibility to receive the Diabetes MedsCheck service and to enable the pharmacy to claim a payment for providing this service.

This process is similar to the clinic/GP practice providing your Medicare number to claim for you seeing a Health Worker or GP. Your personal information is protected by law, including the Privacy Act 1988. The Department is unlikely to disclose your personal information to overseas recipients.

Your/the patient's personal information that will be collected by the pharmacy include:

- Personal details – Name, Address, Medicare number, Date of Birth
- The names of the medicines you/the patient are taking; and
- Details about the patient's authorised representative, if applicable.

If you do not provide your consent to the collection of information for this purpose, your pharmacy will not be able to assess your eligibility for the service and you will not be able to access a service. In this event, you may be required to pay for the cost of the service to your pharmacy.

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

## DIABETES MEDSCHECK PATIENT INFORMATION AND CONSENT FORM

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 has a Privacy Policy you can read here: <https://www.ppaonline.com.au/privacy-policy>. The Pharmacy Programs Administrator can be contacted by telephone on **1800 951 285** or email at [support@ppaonline.com.au](mailto:support@ppaonline.com.au).

### SERVICE DETAILS \*must be filled in by the pharmacist prior to service.

|  |  |                        |  |
|--|--|------------------------|--|
| <b>Name of Pharmacist Providing Service</b>                |  | <b>Date of Service</b> |  |
| <b>Patient's Full Name</b><br>(Given name and family name) |  |                        |  |

### PATIENT CONSENT

#### **Consent provided by the patient:**

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

By signing below, I consent to receive the Diabetes MedsCheck Service and to the collection of my personal information by the Pharmacy Programs Administrator and the Australian Government Department of Health, Disability and Ageing to enable the pharmacy to claim a payment for delivery of that service and for program monitoring and evaluation purposes.

|                          |  |                        |  |
|--------------------------|--|------------------------|--|
| <b>Patient Signature</b> |  | <b>Date of Consent</b> |  |
|--------------------------|--|------------------------|--|

#### **Consent provided by a person authorised to act on behalf of the patient:**

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).

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

- Parent or guardian of child
- Enduring Guardian, recognised by a relevant state or territory law
- Enduring Power of Attorney, recognised by a relevant state or territory law
- A person who has been nominated in writing by the patient while the patient was capable of giving consent
- A person recognised by a relevant state or territory law

By signing below, I consent to the patient receiving the Diabetes MedsCheck Service and to the collection of their personal information by the Pharmacy Programs Administrator and the Australian Government Department of Health, Disability and Ageing to enable the pharmacy to claim a payment for delivery of that service and for program monitoring and evaluation purposes.

|                                    |  |                        |  |
|------------------------------------|--|------------------------|--|
| <b>Authorised Person Signature</b> |  | <b>Date of Consent</b> |  |
| <b>Authorised Person Name</b>      |  |                        |  |