

INDIGENOUS DOSE ADMINISTRATION AIDS PATIENT INFORMATION AND CONSENT FORM

INFORMATION STATEMENT

This service provides you with a well-sealed, tamper-evident device that allows individual medicine doses to be organised according to the prescribed dose schedule.

The device allows your individual medicine doses to be organised according to the dose schedule your health professional has directed. The Dose Administration Aids (DAA) service is designed to assist you to better manage your medicines, with the goal of improved health outcomes.

In order to receive this service you need to be a Medicare and/or Department of Veterans' Affairs (DVA) cardholder, identify as Aboriginal and/or Torres Strait Islander, live at home in a community setting; and have trouble managing your medications because of literacy or language issues, physical disability or cognitive difficulties or because you have to take five or more prescription medicines.

Under this service, your pharmacy will:

- Assess your eligibility to receive the service and obtain informed consent from you
- Select the appropriate DAA for your needs
- Prepare the medicines in the DAA and monitor your progress in using the DAA
- Collect personal and sensitive information from you to enable the pharmacy to claim a payment for delivery of this service. You will not be charged an additional fee by the Pharmacy for this service.

You are still required to pay the costs of the medicines that will be packed into the DAA.

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 of Health, Disability and Ageing to verify your eligibility to receive the IDAA 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 General Practitioner (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 funded IDAA 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>. 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>.

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The Pharmacy Programs Administrator can be contacted by telephone on **1800 951 285** or email at support@ppaonline.com.au.

WRITTEN PATIENT CONSENT

Consent provided by the patient:

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

By signing below, I consent to receive the IDAA 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.

Patient Name (Given name and family name)			
Patient Signature		Date of Consent	

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 IDAA 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.

Authorised Person Signature		Date of Consent	
Authorised Person Name			

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VERBAL PATIENT CONSENT

To be completed by the person obtaining verbal consent:

- ☐ I have explained the contents of the IDAA Service Information Statement and how the patient's personal information will be collected, used and disclosed under the IDAA Program.
- ☐ The patient or their authorised representative has provided their verbal consent for the patient to receive the IDAA Service/s and for their personal information to be collected, used and disclosed in accordance with this form.

Please indicate who provided the consent:

- ☐ The patient
- ☐ A person authorised to act on behalf of the patient

Patient Name (Given name and family name)	
Authorised Person Name (Given name and family name)	

Please indicate the authorised person's relationship with 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

Details of person who obtained the verbal consent:

Name of person who obtained verbal consent		Date of verbal consent	
Organisation or employer			
Signature of person who obtained verbal consent			