

INFORMATION STATEMENT

Dose Administration Aids Service

This service provides you with your medicines in a well-sealed, tamper-evident device. The device allows your individual medicine doses to be organised according to the dose schedule your doctor has directed. The Dose Administration Aids (DAA) Service is designed to assist you to better manage your medicines. The service aims to help to improve medicine use 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, hold a current Australian Government issued concession card, 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 pharmacist will:

- assess your eligibility to receive the service
- obtain informed consent from you to receive the service
- select the appropriate DAA for your needs
- prepare the medicines in the DAA
- 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

The Australian Government is paying \$6 per week towards the cost of your DAA. You may be charged an additional fee by your pharmacy for the DAA. This additional fee is at the discretion of each pharmacy and is not mandated by the Australian Government.

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

If you provide your consent, the pharmacist will also:

- collect personal and sensitive information from you at the first patient registration appointment to allow the Australian Department of Health (the Department) to monitor and evaluate the program's effectiveness; and
- collect personal and sensitive information from you at six monthly appointments after you start using the Dose Administration Aids service to allow the Department to monitor and evaluate the program's effectiveness.

The Australian Government will pay for the full cost of data collection at your first registration appointment and also at each 6 monthly follow-up appointment. You will not be charged an additional fee by your pharmacy at these data collection appointments.

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 6CPA Administrator (the Pharmacy Guild of Australia) are collecting your personal information to verify your eligibility to

receive the Dose Administration Aids 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 Dose Administration Aids Service. In this event, you may be required to pay for the cost of the service to your pharmacist.

Collection of additional information to allow monitoring and evaluation of the service

You also have the option of consenting to the Pharmacy Guild of Australia and the Department collecting your personal information for the purposes of monitoring and evaluating the Dose Administration Aids Service. If you consent, your personal information will be collected at an initial appointment and six monthly follow up appointments. Your personal information will also be disclosed to the Department's contracted researchers (Health Consult Pty Ltd) for this purpose.

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.

Your access to the Dose Administration Aids Service will not be affected if you do not provide consent to the collection of this additional information.

If any information is published as a result of the analysis, your information will be provided in such a way that you cannot be identified.

Further Information

The Department and the Pharmacy Guild of Australia are 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 Guild of Australia can be contacted by telephone on **1300 555 262** or email at support@6CPA.com.au

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

The Pharmacy Guild of Australia has a privacy policy which you can read at <http://6cpa.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 Guild of Australia holds about you and how you can seek correction of it; and
- how you may complain about a breach of the Australian Privacy Principles and how complaints are dealt with.

INFORMATION STATEMENT

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CONSENT

Acknowledgement

I have read or had explained to me, and understand the contents of the *Dose Administration Aids Service* Information Statement.

Consent

- I consent to receive the *Dose Administration Aids Service* and in doing so I consent to the collection of my personal information by the Pharmacy Guild of Australia and the Department to enable the pharmacy to claim a payment for delivery of that service.
- I consent to the collection of my personal information by the Pharmacy Guild of Australia and the Department for program monitoring and evaluation purposes.

Signature of Participant

Date

Name of Participant

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

- Parent or guardian of child
- Other – specify the applicable number from one of the categories below here: _____
 1. Enduring Guardian, recognised by a relevant State or Territory law
 2. Enduring Power of Attorney, recognised by a relevant State or Territory law
 3. A person recognised by a relevant State or Territory law
 4. A person who has been nominated in writing by the Participant while the Participant was capable of giving consent