

# QLD s100 HIV Patient Co-Payment Waiver Initiative

## PATIENT CONSENT FORM

### Information for Patients:

Community pharmacies have to charge a co-payment when they dispense PBS medicines. The co-payment is the amount that you pay towards the cost of a PBS subsidised medicine.

From 3 October 2023, Queensland Health has agreed to pay the co-payment for eligible section 100 Highly Specialised Drugs (HSD) in relation to HIV antiretroviral therapy only (**eligible s100 HIV medicine**), for persons who, at the time of each dispensing event, are:

- (a) living with HIV
- (b) resident of Queensland beyond a short stay, that is that the patient has resided in Queensland for greater than a 3 month period;
- (c) patients of:
  - a. Queensland public hospitals or sexual health clinics; or
  - b. authorised community prescribers in Queensland for HIV medications; or
  - c. an interstate specialist/prescriber where the patient resides in a border area; and
- (d) in possession of an eligible prescription for s100 HSD Community Access for HIV under s100 of the National Health Act 1953.

Each time you present your prescription for an eligible s100 HIV medicine at a community pharmacy located in Queensland, you will need to present this completed form to the pharmacist together with your valid prescription. If this Patient Consent Form is lost, damaged or illegible, you will be asked to complete a new consent form before the pharmacist can dispense any eligible s100 HIV medicine(s).

### Patient Consent

By signing and presenting this Patient Consent Form to the pharmacist on each occasion I request dispense of eligible s100 medicine(s), I:

- (a) agree to Queensland Health paying the co-payment on my behalf for the eligible s100 HIV medicine(s);
- (b) am living with HIV;
- (c) confirm that I am a resident of Queensland and have been living in Queensland for greater than 3 months;
- (d) acknowledge and agree that the pharmacist will collect health information about me and my eligible s100 HIV medicine(s) (**my Health Information**);
- (e) give permission for the pharmacy to provide my Health Information to Queensland Health and to its service provider, the Pharmacy Guild of Australia, in order to facilitate the co-payment relating to the dispense of the eligible s100 HIV medicine(s) to the pharmacy on my behalf;
- (f) give permission for Queensland Health to use my Health Information on a confidential basis for the purpose of process improvement and evaluation purposes only and
- (g) understand that my Health Information will at all times be handled by Queensland Health and its service providers in accordance with applicable privacy laws.

|   |  |             |  |
|---|--|-------------|--|
| Full name of patient<br><i>[Please print]</i> |  |             |  |
| Signature of patient                          |  | Date signed |  |

**This Patient Consent Form is valid for 3 years from the date of signature by the patient.**

For more information about how Queensland Health handles your Health Information, please visit <https://www.health.qld.gov.au/system-governance/records-privacy/queensland-health-privacy-policy>. For more information about how the Pharmacy Guild of Australia handles your Health Information please visit <https://www.guild.org.au/about-us/privacy-policy>

You may decline to complete this Patient Consent Form, in which case you will be responsible for payment of the co-payment for any eligible s100 HIV medicine(s).